



1967

PARLIAMENT OF TASMANIA

DIRECTOR-GENERAL OF HEALTH SERVICES

REPORT FOR YEAR 1966-67

Presented to both Houses of Parliament by His Excellency's Command

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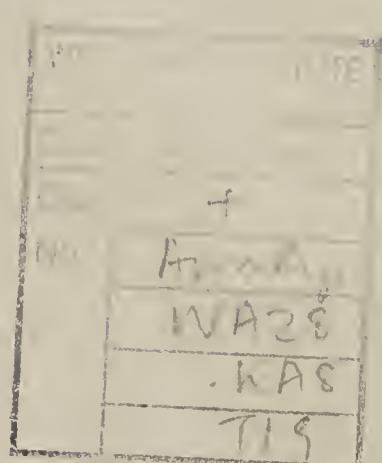
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1967

TABLE OF CONTENTS

	PAGE
Department of Health Services—Officers	4
Legislation	7
Departmental Revenue	8
Departmental Expenditure	8
Building Programme	9
Official Openings	9
Distinguished Visitors	10
Public Hospital Statistics	10
District Medical Service	10
State Drug Advisory Committee	10
Hospital Pharmacists' Advisory Committee	11
Poisons, Narcotics and Therapeutic Goods	11
School Dental Health Service	11
Orthodontic Service	11
School of Dental Nursing	12
Hospital Auxiliaries	12
Geriatric Services	12
Pathology Services	12
Government Nursing Service	13
Nurses' Registration Board	14
Division of Public Health	16
Health Education	20
Division of Psychiatric Services	34
Division of Tuberculosis	38
Technical Division (Government Analyst and Chemist)	39
St. John's Park Hospital	41
Consultant in Preventive Dentistry	43
The Handicapped Children's Advisory Committee	43
Staff	43
Appendix—Statistical Tables Index	45

DEPARTMENT OF HEALTH SERVICES

ADMINISTRATION—

Director-General of Health Services:

Dr. J. Edis, F.R.C.O.G. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), F.H.A.

Deputy Director-General of Health Services:

Dr. J. R. Macintyre, M.B., Ch.B (Glas.), F.R.C.S. (Glas.), F.R.F.P.S. (Glas.), A.F.A.I.M.

Chief Administrative Officer:

F. E. R. Gilbert, Dip.Pub.Admin., J.P.

Administrative Officer:

W. E. Laughlin.

Accountant:

L. J. Baillie, B.Com., A.A.S.A.

HOSPITAL, MEDICAL AND DENTAL SERVICES—

Director of Geriatric Services:

Dr. A. J. Foster, M.B., B.S. (Melb.), M.R.C.P. (Edin.).

Director of Pathology:

Dr. C. A. Duncan, M.B., B.S. (Melb.), F.R.A.C.P., M.C.P.A.

Senior Medical Officer (Hospitals):

Dr. S. A. Ginsberg, M.B., Ch.B. (Cape Town).

Senior Dental Officer, District Dental Service:

Dr. P. W. Arkle, D.D.S., B.Sc. (Dent.) (Tor.), M.P.H. (Cal.), L.D.S. (Glas.), F.A.C.D.S.

Principal, School of Dental Nursing:

Dr. B. A. J. Riedel, B.D.S. (Syd.).

Orthodontist:

Dr. R. L. West, B.D.Sc. (Melb.), L.D.S.

DIVISION OF PUBLIC HEALTH—

Director of Public Health:

Dr. A. D. Ross, M.B., Ch.B. (Edin), D.P.H. (Edin.), D.T.M. & H. (Eng.).

Senior Medical Officer:

Dr. K. M. Williams, M.B., Ch.B. (Birm.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (R.C.S. & P. Eng.), D.I.H. (Apoth.).

Senior School Medical Officer:

Dr. H. B. Gibson, M.B., B.S., M.R.S.H. (Lond.).

Medical Officer Child Health:

Dr. C. H. Mair, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P.S. (Glas.), D.P.H. (Edin.).

Regional Medical Officer of Health:

Dr. E. J. McArdle, M.B., Ch.B., B.A.O. (N.U.I.), D.P.H. (N.U.I.), L.M. (Coombe), D.I.H. (Apoth.), D.I.H. (Eng.).

Medical Officer of Health:

Dr. G. Williams, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.Obst. R.C.O.G. (Lond.), D.P.H. (Syd.).

Chief Inspector:

H. T. D'Alton, M.R.S.H. (Lond.), A.M.I.H.S. (N.S.W.). ,

Executive Officer:

G. B. Dineen, Dip.Pub.Admin.

DIVISION OF PSYCHIATRIC SERVICES—*Director of Psychiatric Services:*

Dr. T. H. G. Dick, B.Sc., M.B., Ch.B., B.A.O., D.P.H., D.P.M., L.M.

Senior Medical Officer Child Psychiatry:

Dr. W. E. L. Crowther, M.B., B.S. (Melb.).

Executive Officer:

W. Mansbridge, Dip.Pub.Admin.

Medical Administrator, Lachlan Park Hospital:

Dr. J. R. C. Weatherly, M.B., B.Chr., D.P.M.

Senior Psychiatrist:

Dr. D. M. Anderson, M.B., Ch.B. (Belfast).

Assistant Superintendent, Lachlan Park Hospital:

P. Campbell.

DIVISION OF TUBERCULOSIS—*Director of Tuberculosis:*

Dr. L. A. F. Young, M.B., B.S. (Melb.), M.R.C.P. (Lond.).

Senior Medical Officer:

Dr. C. B. Macdonald, M.B., B.S., M.R.C.P.

Medical Superintendent, Tasmanian Chest Hospital:

Dr. R. W. Henning, M.B., B.S. (Syd.).

Medical Superintendent, Northern Chest Hospital:

Dr. J. W. Beveridge, M.B., Ch.B. (Part-time).

Senior Executive Officer:

C. C. Seager, A.C.A. (Aust.). **TECHNICAL DIVISION (CHEMISTRY)—**

Government Analyst and Chemist:

M. H. R. Shipp, B.Sc., A.R.A.C.I.

ST. JOHN'S PARK HOSPITAL—*Superintendent:*

A. J. Trebilcock.

NATIONAL FITNESS SECTION—

State Supervisor:

K. O. Thomas.

GENERAL HOSPITALS—

General Superintendent, Royal Hobart Hospital:

Dr. G. Mackay-Smith, M.B., B.S. (Qld.).

General Superintendent, Launceston General Hospital:

Dr. C. C. Petrovsky, M.B.E., M.B., B.S. (Hong Kong).

Medical Superintendent, Mersey General Hospital:

Dr. J. Bell, M.B., Ch.B. (Glas.).

Medical Superintendent, North-Western General Hospital:

Dr. M. Jooste, M.B., B.Ch., DA. (Eng.).

Report of the Director-General of Health Services for the Year Ended, 30 June 1967

Department of Health Services,
Hobart, 29 November 1967.

The Hon. the Minister for Health.

I have the honour to present the Report of the Department of Health Services for the period 1 July 1966 to 30 June 1967.

LEGISLATION

With the great advances in recent years in the scientific field, many health problems have been brought under reasonable control. Although this must not lead to complacency, it has enabled us to devote greater attention to other factors.

As mentioned later in the Report, amending legislation is being prepared to meet problems associated with poisons, narcotics and therapeutic goods.

During the year particular attention was given to the possible re-organisation of the Department to give better coverage on mental health. The preliminary committee set up to consider the desirability of placing Lachlan Park Hospital under a board of management on similar lines to the public hospitals, considered that the proposition had merit. However, it pointed out that some important problems could not be overcome by a hospital board alone. It became clear to the committee that while a board could improve the management of the Hospital, such a board in itself would not provide co-ordination of psychiatric services as a whole. The committee therefore recommended that the question of setting up a Mental Health Authority as well as a Board of Management for Lachlan Park Hospital should be investigated further.

After the preliminary committee had finished its work, a principal committee and several sub-committees investigated the matter in greater detail. As a result, the Mental Health Services Bill was presented to the House of Assembly before the end of the year. The Bill provides for the integration of mental health services throughout the State under a Mental Health Services Commission. The Commission will consist of a Medical Commissioner and an Administrative Commissioner who will be the Chief Executive Officers of the Commission, and a Clinical Commissioner, who it is proposed will be the Professor of Psychiatry at the University of Tasmania. All staff will be appointed by the Commission and will not be Public Servants. This important change should lead to an improvement of the mental health services available to the community in the future.

Medical Act 1959.

Revised the categories of registration of medical practitioners.

The Public Health Act 1966.

Following the consolidating Act of 1962, this Act provided amendments of a routine nature.

The Cecilia Button Medical Centre Agreement Act 1966.

This Act ratified an agreement entered into by the Minister, the trustees of the Will of the late Henry Edward Button and the Warden, Councillors and Electors of the Municipality of Oatlands, to provide for the erection and maintenance of a medical centre at Oatlands and repealed the Cecilia Button Memorial Hospital Agreement Act 1946.

Cosgrove Park Act 1967.

Provided for the transfer of additional land to the Ainslie House Association, established under the Cosgrove Park Act 1962.

Queen Victoria Maternity Hospital Act 1967.

The main purpose of this amendment was to provide for a medical practitioner on the Board of Management to represent the Medical Staff Committee. The Bill also provided for the Vice-Chairman of the Board to be appointed by the Governor.

DEPARTMENTAL REVENUE

The revenue receipts for the year 1966-67 amounted to \$1,439,912, being a reduction of \$171,482 from the year 1965-66. Comparative figures are:—

	1965-66	1966-67
	\$	\$
Pharmaceutical Benefits—Commonwealth	714,819*	541,424
Red Cross Blood Transfusion—Commonwealth (a)	12,682	(b) 23,541
District Nursing Service	20,431	22,349
District Medical Service—Retainers	47,156	44,636
Nelumie Home, Launceston (now closed)	813	...
Mothercraft Home, Hobart	5,530	5,149
Government Analyst and Chemist—Fees	2,800	2,704
Nurses' Registration Board	4,076	4,298
Refunds on Bursaries	1,080	...
Bacteriological Tanks—Fees	829	803
Hotel Health Certificates	643	1,483
Sundry Fees and Licences	1,277	1,408
Tuberculosis Division	367,874	363,377
St. John's Park, New Town	312,801	321,897
Lachlan Park Hospital	63,529	49,706
Lachlan Park Farm Suspense—Profit	1,411	7,047
Millbrook Rise Hospital	54,643	50,090
	<hr/>	<hr/>
	\$1,611,394	\$1,439,912
	<hr/>	<hr/>

(a) Refund of 30% of operating cost for previous year.

(b) Includes \$10,769 towards cost of current year.

*(c) Includes an Advance Claim of \$305,000 for the current year. Previously paid entirely in arrears.

DEPARTMENTAL EXPENDITURE

The expenditure from the Appropriation Act for the financial year 1966-67 was \$11,936,573, an increase of \$1,120,202 over 1965-66. Comparative figures are:—

	1965-66	1966-67
	\$	\$
Administration—Head Office	212,384	234,857
Hospital and Medical Services—		
Administration	182,896	183,525
Grants to Hospitals	5,841,893	6,389,977
Medical Services—Country Districts	125,952	137,330
District Nursing Service	167,736	183,885
Dental Health Service	236,469	329,613
State Laboratory—Pathology	4,998	6,360
Nurses' Registration Board	3,737	3,983
St. John's Park Hospital	944,200	1,052,001
Government Analyst and Chemist	50,561	52,979
Public Health Division—		
Administration and Inspectors	148,052	159,343
National Fitness Council	42,166	44,123
School Medical Service	110,158	115,470
Child Health Service	134,116	148,283
Mothercraft Home	72,604	78,482
Tuberculosis Division	452,236	480,794
Psychiatric Services—		
Administration	111,742	110,599
Lachlan Park and Millbrook Rise	1,688,910	1,902,781
Miscellaneous Grants	285,561	307,201
Expenses—Royal Commission on Fluoridation of Water Supplies	...	14,987
	<hr/>	<hr/>
	\$10,816,371	\$11,936,573
	<hr/>	<hr/>

BUILDING PROGRAMME

The expenditure from Loan Funds for the financial year 1966-67 was \$4,409,763, a reduction of \$1,288,932 from 1965-66. The figure for 1965-66 included a contribution of \$147,000 to Consolidated Revenue for services rendered by the Architectural Branch of the Public Works Department. The corresponding adjustment for 1966-67 was made within the Treasury and does not show in the accounts of this Department. Important works completed or substantially completed during the financial year include:—

- St. John's Park—Additional Heating and Fire Protection Services: Carlton Beach Holiday Homes.
- Lachlan Park—New Mixed Adolescent Block, New Totally Dependent Block, Total Security Block, consisting of Male and Female Maximum Security Wards, Occupational Therapy and Conversion of Ward "C".
- Beaconsfield District—New General Block.
- Flinders District—New Nurses' Home.
- Huon District—Matron's Flat.
- Mersey General—
 - Latrobe—Intensive Care Unit.
 - Devonport—Modifications to Maternity Division.
- North-West General—
 - Burnie Division—New Wing, Nurses' Home Training Centre.
 - Spencer Division—Psychiatric Wing.
- Northern Chest Hospital—Provision of Geriatric Accommodation.
- Royal Hobart Hospital—
 - Forecourt Development.
 - Vaucluse—Extensions.
- Toosey Memorial—Additional Staff Bedrooms.
- Dental Health—Surgeries at Campbell Town, Sorell, Longford, Purchase of Residences at St. Marys, Devonport. New residences with surgeries at Glenora and Snug.
- District Nursing—George Town Extensions; Redpa, New Centre.
- District Medical—Maydena, Dark Room; Southport, Clinic to replace building lost in fires.
- Child Health—New Centres at Forest and Perth.
- Psychiatric Services—Provision of Headquarters at 141 Hampden Road.

Works in progress as at 30 June 1967 include:—

- Lachlan Park—New Admission Ward, New Amenities Building, New Roadways, Pathways and Street Lighting.
- Launceston General—Laundry Improvements.
- New Norfolk District—Children's Ward.
- Royal Hobart Hospital—North-East Wing.
- District Nursing—New Centre at Deloraine.
- Ambulance Services—New Substation at Launceston.

OFFICIAL OPENINGS

A new Child Health Centre was opened at Spreyton on 15 July 1966.

On 17 September 1966 a new Bowling Club was opened at St. John's Park Hospital, New Town. The total cost of the Clubhouse and Bowling Green was \$27,000. It is estimated that the staff contribution to the building programme reduced the cost of this building by 60%.

On 21 October 1966 a new Nurses' Home at the Lyell District Hospital, Queenstown, was opened. The new wing of the hospital cost \$180,000 and was opened by the Premier (Hon. E. E. Reece). Previously the nursing accommodation was contained within the hospital block itself. The new amenities include sisters' and nurses lounge room, common room with kitchen for socials and visitors' lounge. Other facilities include lecture and study room for student nurses. New accommodation provides for 20 nurses and sisters in single, fully-furnished rooms.

On 27 January 1967 extensions to the George Town District Nursing Centre were officially opened. These extensions cost \$73,000 and provide additional bed accommodation and enlarged nursery and a new kitchen.

On 18 February 1967 a new District Nursing Centre was officially opened at Redpa. The facilities provide new modern accommodation for the resident sister and a surgery for the sister, the medical practitioner from Smithton and the District Dental Officer.

DISTINGUISHED VISITORS

In November, 1966, Mr. A. J. McLellan, Deputy Chairman of the Hospitals and Charities Commission, Victoria, visited Tasmania for the inaugural meeting of the Australian Ambulance Authorities.

Tasmania was honoured early in 1967 by a visit from Professor Narabayashi, a world authority on neuro-surgical techniques. He examined children suffering from Cerebral Palsy with a view to taking selected patients to Japan for surgery. Arrangements for putting his recommendations into effect were under investigation at the end of the year.

PUBLIC HOSPITAL STATISTICS (Excluding Chest and Mental Hospitals)

Number of Patients.

The number of patients was 1,229 more than during the previous financial year. The number of general patients increased by 1,025 while maternity cases increased by 204. The total number of patients was 41,310. The number of persons accommodated in the hospitals for the care of the aged and invalids increased from 1,094 in 1965-66 to 1,279 in 1966-67.

Bed-Days.

The number of bed-days shows a net increase of 17,400 compared with those for the previous financial year. Bed-days for general and maternity patients increased by 15,132 and 2,268 respectively.

The total number of bed-days was 459,790. The number of bed-days in the hospitals for the care of the aged and invalids was 256,464, an increase of 154 over the previous year.

Births.

The total for the year was 6,791, an increase of 237 over the previous financial year.

Receipts.

Hospital revenue for the year was \$11,121,448, an increase of \$1,080,739 over revenue for 1965-66. Patients' fees, donations and miscellaneous receipts totalled \$2,827,618. Commonwealth contributions in the form of hospital benefits amounted to \$931,314, while the total State Grant was \$7,362,516.

Payments.

Total payments were \$11,088,712, an increase of \$1,047,013 over expenditure for 1965-66. The sum of \$7,427,245 or 66.98% of total expenditure, was attributable to salaries.

Patients' Costs.

The average daily cost for in-patients for the 21 main hospitals as listed in Table 5 was \$18.48, an increase of \$1.01 compared with 1965-66. Out-patients' costs per visit increased from \$2.40 in 1965-66 to \$2.56 in 1966-67.

Comparisons.

Comparisons and details of receipts and payments, together with relevant percentages under the principal classifications are set out in Table 5.

Patients' statistics are given in Tables 6 and 7.

DISTRICT MEDICAL SERVICE

The District Medical Officers at New Norfolk, Cygnet, Maydena and Derby resigned during the year.

Successors were appointed at Derby and Cygnet and a doctor is expected to assume duties at New Norfolk early next year (August, 1967). Negotiations are proceeding for the appointment of a new District Medical Officer at Maydena, but it may not be possible to fill this post until later in 1967.

The biennial Agreements for a District Medical Service were renewed with the 12 Municipalities concerned.

STATE DRUG ADVISORY COMMITTEE

The Committee approved the Supply and Tender Department's new form of catalogue of drugs and chemicals supplied by the Central Medical Store. Also approved was the Supply and Tender Department's new system of printed requisition forms which should expedite transactions.

The Committee added and deleted drugs from the Catalogue during the course of the year.

HOSPITAL PHARMACISTS' ADVISORY COMMITTEE

This new Committee was established at the request of the Public Service Commissioner towards the end of the financial year. Its object is to enable public hospital pharmacists, officers of the Department of Health Services and the Manager and Chief Pharmacist of the Central Medical Store to effect closer co-ordination of their activities and to advise the Supply and Tender Department through the Director-General of Health Services in such matters as—

- (a) The nature of drugs which could be manufactured at the Central Medical Store.
- (b) The storage conditions for drugs at the Store, during transit and in hospital stores.
- (c) The labelling and packaging of drugs.
- (d) The quality control of drugs manufactured or purchased.
- (e) The machinery of ordering supplies and the disposal of unused drugs.
- (f) The nature of and conditions under which certain preparations could be manufactured in the larger hospital pharmacies.

POISONS, NARCOTICS AND THERAPEUTIC GOODS

The preparation of proposals for revision of the legislation in this field continued during the year. Such legislation will include complementary provisions with Pesticides legislation, revised legislation in connection with addicts to alcohol, narcotics and other drugs of habituation and recent Commonwealth legislation in the matters of Therapeutic Substances and the imports, manufacture and distribution of narcotics.

SCHOOL DENTAL HEALTH SERVICE

District Dental Service.

Dental officers have now been appointed to most districts.

The plan to concentrate on treatment of the dental need of the younger children until completed treatment is achieved in these age groups, followed by regular revisional treatment to maintain fitness as such children progress through school, is progressing.

The fabrication of dentures as a new service was extended during the year as was the provision of "inlay work".

The services of 11 sessionally employed private dental practitioners have been used from time to time throughout the State to augment the service as a means of overcoming the considerable demand for dental care.

Table No. 28 summarises the work accomplished during the year.

ORTHODONTIC SERVICE

There is a considerable demand for such service and the Orthodontist is faced with the problem of the limitations which are inherent in orthodontic care insofar as each moderately severe case of malocclusion can require at least half a day's work at the first sitting for fabricating and fitting the necessary "bands".

There is also a major problem in obtaining the full co-operation of some children and their parents in maintaining meticulous oral hygiene before and after bands and appliances are fabricated. A high standard of hygiene is essential to success and poor hygiene is conversely fraught with risk because of the infection which can accumulate in the mouth to the detriment of the teeth. The orthodontic care available by the Service can only, therefore, be selective care to the extent that all teeth must be in good condition for a start and the attitude of the children and their parents must be compatible with the only manner in which bands and appliances can achieve results, i.e., in circumstances of meticulous oral hygiene. Quite a number of attempts to move teeth have had to be abandoned because of the inherent risks associated with the lack of proper hygiene.

There are over 1,000 children at present receiving orthodontic surveillance or active care.

SCHOOL OF DENTAL NURSING

All the first-year student dental nurses passed their examinations successfully and began their second year of study and clinical training. The second 10 students began their first year of training in February.

The provision of the clinical care at the school is proving to be very successful and popular with the children, and parents appear to be well satisfied with the dental attention provided. The standard of the clinical work is high and the students are very enthusiastic about the new career facility for women.

Table No. 29 summarises the clinical work accomplished by the senior student dental nurses at the School during the latter half of the year.

HOSPITAL AUXILIARIES

This Department again acknowledges the invaluable services being given to hospitals and district nursing centres by all the auxiliary organisations. The State is very appreciative of the many contributions and services provided by the auxiliaries for the benefit of patients and hospital staffs, and the members are thanked most sincerely for their efforts and help.

GERIATRIC SERVICES

Rapid progress in the development of geriatric services occurred during the year. The need for hospital accommodation for the incurably ill and the psychiatrically disturbed aged continued to pose a major problem. The interdependence of social, economic and medical factors in the needs of elderly people places an increasing burden on health services designed basically for the care of the sick.

Private development of accommodation for the aged continued to increase under the stimulus of Commonwealth legislation but suffered from rising costs, limited revenue and managerial difficulties. Private endeavours were supported by the provision of specialist advisory services, material help by way of the provision of building sites and where possible by the utilisation of public hospital services, at nominal cost. Meals on Wheels services expanded rapidly and it is estimated that at least 50,000 prepared meals will be provided by hospital kitchens at the basic cost of ingredients to Meals on Wheels organisations during the coming year.

The Old People's Welfare Council of Tasmania continued to provide advisory services to affiliated organisations and the valuable work done by the Council is gratefully acknowledged.

Planning proceeded on a State-wide basis and paid cognisance to the basic requirement of integrating State Government, Local Government and community efforts. The dichotomy of legislation between State and Federal Governments continued to be a matter of concern and it is hoped that rationalisation will occur in the foreseeable future.

During the year two new floors of the Carruthers Wing at St. John's Park were opened, thereby giving an opportunity to provide additional first-class hospital accommodation for aged females as well as space for a proposed day hospital and rehabilitation centre. The day hospital at Cosgrove Park was extended and a surplus ward block at the Northern Chest Hospital opened as an adjunct to the accommodation available to the Launceston General Hospital.

The Elderly Citizens' Club and Youth Centres Bill of 1966 allowed the launching of the Golden Years Club at Glenorchy. Other clubs are being promoted.

The Senior Medical Officer (Geriatrics) returned from a study tour in the United Kingdom and was able to contribute the benefits of the best overseas thought to the development of local services. During the year the Senior Medical Officer was appointed as Director of Geriatric Services.

It is realised that much remains to be done before Geriatric services are fully developed. Every endeavour is being made to reach an ideal state, but full success is consequent on the degree of moral responsibility exhibited by all sectors of the community who are involved in the care of the aged.

PATHOLOGY SERVICES

During the year the usual steady increase in the number and scope of Pathology Tests performed throughout Tasmania was maintained.

North-West Coast.

Some staff difficulties were experienced earlier but the position is now satisfactory. The new laboratory at Burnie was completed and will soon be equipped. In addition to routine tests, it is planned to provide modern facilities for investigation of patients in the Intensive Care Unit.

Hobart.

The Royal Hobart Hospital Laboratory under the control of the Professor of Pathology in the Medical School of the University of Tasmania played an important role in diagnostic and teaching pathology. The appointment of a Pathologist in charge of Haematology greatly increased the efficiency of this branch and as there are now two Resident Pathology Registrars, the staff position is excellent.

Biochemistry tests were transferred to the State Health Laboratory and an increase in the scope and number of tests was made possible by the greater use of automatic processing.

The State Health Laboratory is concentrating on Biochemistry and now provides a long list of tests. Having these more exotic tests done in a central laboratory proved very helpful for other laboratories in the State, as it means that patients may now have the benefit of certain tests which could not be done in individual laboratories. In addition, complicated hormone assays were made in conjunction with the "Fertility Clinic" set up in the Royal Hobart Hospital.

A State-wide service is now provided for the detection of babies who may be suffering from "PKU" and who could develop brain damage if not detected in early life.

Smear tests for cancer were done at a steady rate, and it is considered the majority of women at risk in Tasmania have now had one or more smears examined.

The Electron Microscopy Unit is producing excellent micrographs. Several types of human disease were studies, including cancer cases. The laboratory worked in collaboration with the Tasmanian Cancer Committee, the Soft Tissue Tumour Registry in Melbourne, and the Queensland Melanoma Project. It is expected that the State Plant Pathologists will soon be able to make use of the machine for rapid diagnosis of certain virus diseases in plants.

The Anatomy Act of 1964 produced no problems, and as there is a long voluntary "donor-list" it would seem that no trouble need be expected in the future.

As a result of the February Bush Fires, Forensic Pathology received its greatest trial for over 30 years. With such a large and sudden influx of bodies, the storage facilities at the Hobart Mortuary proved to be quite inadequate and presented difficult problems in the identification and examination of victims. However, within four days all bodies had been cleared into the hands of the funeral directors. The planned mortuary facilities in the new Link Building would have been adequate to cope with even this emergency.

GOVERNMENT NURSING SERVICE

Tourist Nursing Service.

During the year the Tourist Nursing Service was not as active as in past years. Nevertheless, without assistance from it, several District Hospitals and District Nursing Centres would not be fully functional. Some smaller hospitals are entirely staffed by this Service.

Some appointees to this staff have occasionally resigned after a period of relieving to accept matronships or other permanent appointments offered them by Hospital Boards.

The intake of Nursing Sisters from the United Kingdom has declined and during the year only two arrived in Tasmania. Only 23 joined the Service from the mainland in the past 12 months. The average length of stay of these sisters is six months, although a very small number do remain longer.

DISTRICT NURSING CENTRES

Table 9 gives a summary of the work performed during the current year in the 24 District Nursing Centres at present in operation.

Officially opened during the year were the extension of six additional beds at the District Nursing Centre, George Town, on 27 January 1967, and a new District Nursing Centre at Redpa on 18 February 1967, which replaced a very old building.

Staff has been very difficult to maintain. Vacancies have been filled from such sources as the Department's Tourist Nursing Service and by married personnel available to give assistance. By these means our 24 centres have been nearly fully staffed, but Dover had to be closed temporarily on 26 June 1967 due to lack of staff.

Services in the community embraced the nursing care of all age groups, First-Aid, Home Nursing and Mothercraft lectures. The desire to have a person trained in first-aid in every home is being encouraged and supported in country districts and many of the sisters at District Nursing Centres are giving their support and assistance.

NURSES' REGISTRATION BOARD*Personnel.*

Dr. J. Edis, Chairman; Dr. C. Craig; Dr. G. Mackay-Smith; Dr. C. Petrovsky; Miss E. M. Bryant; Miss J. M. Williams; Mr. G. Wilkie; Miss K. Lade; Miss D. M. Thompson; Miss W. Winwood; Miss V. P. Holland, Secretary.

Meetings.

Eight meetings were held during the year.

Legislation and Regulations.

Amendments were made to the Regulations under the Nurses' Registration Act 1952, as under:—

- (1) The Urine Testing examination was deleted from towards the end of the third year of training, and placed between the ninth and twelfth months of training, for General Nurses.
- (2) "The Board's Examinations" Regulation 25 was amended to read: "A candidate who fails in one subject only of the examination for General, Geriatric, Psychiatric and Mental Deficiency Nursing may sit at the next following examination for the purpose of examination in that subject, but in all other cases it shall be necessary to pass in all subjects at the one examination.".
- (3) Appendix 3 of the Regulations pertaining to Midwifery Nursing was amended to read: "Delivery of not less than 15 cases of labour, inclusive of the third stage, plus assistance at not less than five additional deliveries.".

Training Schools

General	8	Geriatric	1
Midwifery	6	Auxiliary (General)	9
Psychiatric	2	Auxiliary (Geriatric)	1
Child Health	2	Auxiliary (Psychiatric)	1
Tuberculosis	1		

Student Nurses

1. Applications for training approved—710.

General	347	Geriatric	51
Midwifery	162	Auxiliary (General)	99
Psychiatric	24	Auxiliary (Geriatric)	—
Child Health	20	Auxiliary (Psychiatric)	7
Tuberculosis	—		

2. Commenced training—538.

General	291	Geriatric	47
Midwifery	94	Auxiliary (General)	69
Psychiatric	13	Auxiliary (Geriatric)	—
Child Health	17	Auxiliary (Psychiatric)	7
Tuberculosis	—		

3. Completed training—355.

General	148	Geriatric	11
Midwifery	118	Auxiliary (General)	50
Psychiatric	9	Auxiliary (Geriatric)	—
Child Health	19	Auxiliary (Psychiatric)	—
Tuberculosis	—		

4. Resigned or discontinued training for any reason before completion of training—202.

General	106	Geriatric	42
Midwifery	13	Auxiliary (General)	25
Psychiatric	16	Auxiliary (Geriatric)	—
Child Health	—	Auxiliary (Psychiatric)	—
Tuberculosis	—		

5. Total number in training on 30.6.67—1,025.

General	717	Geriatric	84
Midwifery	98	Auxiliary (General)	67
Psychiatric	43	Auxiliary (Geriatric)	—
Child Health	11	Auxiliary (Psychiatric)	5
Tuberculosis	—		

Examinations

1. Examinations for registration held during the year.

All subjects together	3	Number of candidates	363
Child Health alone	1	Number passed	339
Auxiliary	3	Number failed	24

Details of Results.

Subjects	Candidates	Passed	Failed
General	182	172	10
Midwifery	106	104	2
Psychiatric	14	8	6
Child Health	19	19	—
Tuberculosis	—	—	—
Geriatric	9	7	2
Auxiliary (General)	33	29	4
Auxiliary (Geriatric)	—	—	—
Auxiliary (Psychiatric)	—	—	—

Registrations

1. Applications approved—769.

General	426	Geriatric	9
Midwifery	177	Mental Deficiency	—
Psychiatric	15	Auxiliary (General)	99
Child Health	33	Auxiliary (Geriatric)	7
Tuberculosis	2	Auxiliary (Psychiatric)	1

2. Number who have renewed registration for the year—2,413. Of these, 184 are Auxiliary Nurses.

3. Number of persons on the current register—3,063. Of these, 267 are Auxiliary Nurses.

Details of Registration.

	No.	No. of Certificates
General	1,437	1,437
General and Midwifery	909	1,818
General, Midwifery and Child Health	203	609
Midwifery only	8	8
Psychiatric only	87	87
General and Tuberculosis	9	18
Midwifery and Child Health	1	2
General and Child Health	19	38
General and Psychiatric	22	44
General, Midwifery and Tuberculosis	5	15
General, Midwifery and Psychiatric	2	6
Tuberculosis only	5	5
Geriatric	65	65
General and Geriatric	7	14
General, Midwifery and Geriatric	1	3
Geriatric and Tuberculosis	2	4
General, Psychiatric and Geriatric	1	3
General, Midwifery, Child Health, Psychiatric and Tuberculosis	1	5
General, Midwifery, Child Health and Tuberculosis	3	12
General, Midwifery, Child Health and Psychiatric	5	20

	No.	No. of Certificates
General, Geriatric and Tuberculosis	1	3
General, Midwifery, Child Health and Geriatric	1	4
General, Psychiatric and Tuberculosis	1	3
Mental Deficiency	1	1
Auxiliary	267	—
Total	3,063	4,224

Post-Graduate Diplomas

There are 35 people in the State holding post-graduate diplomas as follows:—

Nursing Administration	8	Theatre Management and Teaching	4
Sister Tutor	6	Public Health Nursing	4
Midwife Tutor	3		
Ward Sister	10		

Central Preliminary Training School

Three Preliminary Blocks have been held—

Students attended	45		
General Nursing —			
Pass	29		
Fail	1	Examinations not completed	15
Anatomy and Physiology—			
Pass	22		
Fail	8	Examinations not completed	15
Hygiene—			
Pass	28		
Fail	2	Examinations not completed	15
First-Aid—			
Pass	30		
Fail	—	Examinations not completed	15
Three Second Blocks have been held—			
Students attended	36	General Nursing—	
Pharmacology —		Pass	32
Pass	25	Fail	4
Fail	11		

A total of 81 students attended the school during the year.

In addition, 17 students completed examinations from previous year—

General Nursing—Pass 14, Fail 3; Anatomy and Physiology—Pass 14, Fail 3; Hygiene—Pass 14, Fail 3; First-Aid—Pass 15, Fail 2.

General

Foreign Students.

Although a great many applications are received from foreign students, very few have the required educational standard. At present ten (10) are in training.

DIVISION OF PUBLIC HEALTH

In December, the finding of a case of Typhoid fever in the Hobart area incurred a large scale operation tracing contacts, checking water supplies and sewage, and sifting contacts to ensure that none were carriers. It was fortunate that the carrier was traced quickly and the story unravelled without major panic.

In February, the bush fires gave full rein to the individual capabilities of many staff who coped ably with the problems of clearing dead stock off water courses in a very short time so as

to minimise pollution of water supplies; together with the job of seeing that families in town and rural areas had the essentials of food, sanitation and shelter during the first days. Thereafter, the Sisters of the School and Child Health Sections formed teams with personnel of the Social Welfare Department to extend this work on a long-term basis. Their knowledge of their localities was invaluable. In all, they proved themselves to be a fine emergency field force.

Health Indicators.

The figures of two health indicators recommended by the Expert Committee on Health Statistics of the World Health Organisation are shown for the last seven years.

1. Deaths of Persons aged 50 years and over—

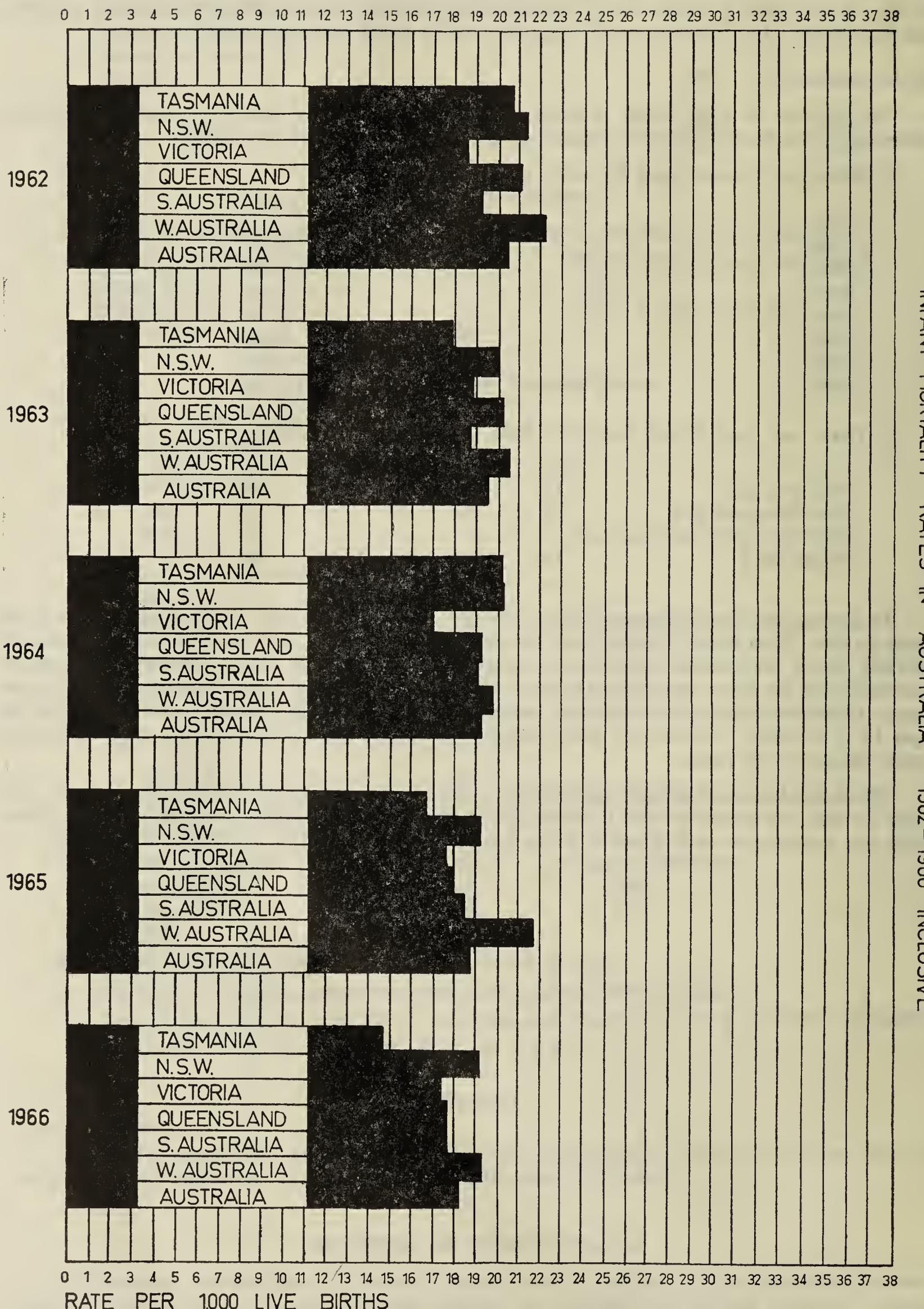
Year	Number	% of Total Deaths
1960	2,150	80.52
1961	2,239	80.28
1962	2,346	81.74
1963	2,322	82.40
1964	2,629	82.83
1965	2,509	82.45
1966	2,642	83.63

2. Early and Late Infant Mortality Rate per 1,000 Live Births—

	1960	1961	1962	1963	1964	1965	1966
Neonatal M.R.	11	12	14	12	14	11	10
Late Neonatal M.R.	8	5	7	6	6	6	5
—	—	—	—	—	—	—	—
Infant M.R.	19	17	21	18	20	17	15
—	—	—	—	—	—	—	—

In general, the trend of recent years is for the percentage of total deaths over the age of 50 years to rise. This is as it should be in an advanced civilisation with good social and medical services where the average expectancy of life at birth is over 70 years. The improvement in general health for those who survive the hazards of life in the first year should mean that more people reach old age; but, deaths from accidents account for more than 50% of all deaths in the ages 14 to 34 years. Thereafter, many deaths from Heart Disease and Lung Cancer still occur before the age of 60 years.

There has been considerable fluctuation in the late neonatal (one to 11 months of age), neonatal (within one month of birth) and Infant Mortality (deaths under one year) rates. These rates are comparable with those of other States.



The birth rate has fallen to 20.40, there being 7,401 births in 1966, 134 less than in 1965. Whether this is a long-term trend is uncertain, but reviewing the trend of recent years, it seems that in 10 or 15 years there will be a decline in the school population, for some years.

Table Showing Number of Deaths at Various Ages and Rates for the Year 1965.

	NUMBER					RATES			
	Births	Deaths under 1 Week	Neo-natal Deaths	Total under 1 Year	Birth Rate	First Week	Neo-Natal	Late	IMR
Hobart	922	19	21	26	18.5	21	23	5	28
Glenorchy	749	9	12	15	19.4	12	16	4	20
Other Suburbs	729	3	4	7	23.1	4	5	4	9
Launceston	1,215	8	9	16	20.1	7	8	6	14
North-Western Division	1,792	13	13	18	21.4	7	7	3	10
North-Eastern Division	563	6	8	14	21.6	11	14	11	25
North Midland Division	230	4	4	4	17.8	17	17	...	17
Midland Division	227	3	3	6	21.9	13	13	13	26
South-Eastern Division	272	3	3	3	20.6	11	11	...	11
Southern Division	599	4	5	11	21.4	6	8	10	18
Western Division	237	1	1	5	25.6	4	4	17	21
Rural Total	3,920	34	37	61	21.3	8	9	6	15
Tasmania	7,535	73	83	125	20.49	10	11	6	17
S.D. .... .... .... ....	...	...	...	...	...	67	6.7	6	8.8

NOTE.—From this it will be seen that the neonatal death rate in Hobart was greater than would have been expected by chance (2 x Standard Deviation).

There were 125 deaths under 1 year.

	Number	% of Total
Diseases of early infancy	61	48.8
Congenital defects	27	21.6
Respiratory infections	24	19.2
Other conditions	9	7.2
Accidents	4	3.2

There were 27 deaths aged 1-4 inclusive. Seven were the result of infection, eight were accidental deaths, six from congenital defects and two from neoplasms of the kidney.

Child Health Services—Staff.

There were 5.9 sisters per 1,000 births, and available to handle problems of approximately 45,000 children from birth to school entry age. During the year, the staff number fell to 44 sisters—40 full-time, three part-time and one Mothercraft Nurse. There is only one doctor full-time, but part-time assistance is given on the North-West Coast by a doctor who is a full-time School Medical Officer. One sister was sent to Melbourne to study for the Diploma in Public Health Nursing.

Child Health Centres.

Ninety-five centres are in use. With the appointment of a sister to St. Marys after a year's vacancy, the Bicheno Centre again could be used, raising the 1965 total by one.

New buildings were officially opened at Perth and Spreyton in July, 1966. These replaced clinic rooms in a doctor's surgery and a hall respectively.

Plans are under way for certain clinics to be shared by the School Dental Service and the School Health Service. Plans have been prepared for buildings for composite use.

In the Launceston region (Northern Area) centres have been re-allocated to sisters so that wherever possible, adjoining districts are served by one sister. This has limited the need for much travelling by sisters.

February Bush Fires.

No centres were destroyed on February 7th. That at Colebrook was taken over as the "local" when the hotel was destroyed. We were glad to acquiesce in view of the people's plight at Colebrook and the sister visited babies at home.

At Taroona, the centre was given over to a private medical practice whose rooms had been razed and the Church of England kindly lent us the use of the hall next door. This arrangement remained at the end of June. It has helped co-operation between the Service and these practitioners and given stability to the Taroona people who might otherwise have suffered during a period of anxiety if these doctors had had to move elsewhere, even temporarily.

In the week following, sisters in the worst hit areas joined with teams of Child Welfare Department sisters surveying the needs of people burnt out.

Visits to new-born babies totalled 6,446, these representing 87% of all children born in the year. A total of 6,457 babies were also seen at clinics (87% of births). The total attendances at Child Health and District Nursing Centre clinics was 150,611. The latter is an increase of 6,206 on the previous year, probably occasioned by a general interest in the pre-school medical examination scheme discussed later.

Eczema Survey.

A survey was started of children with Eczema in the Burnie area, aimed at seeing if any underlying causes can generally be established. So far nearly always a history is obtained of asthma, hay fever, or eczema on one or both sides of the family of children with eczema. These children are referred to their general practitioners for treatment if this has not been sought beforehand.

Screening for Phenylketonuria.

Phenestix tests have been carried out on 5,940 babies (80% of births). There have been no positive results.

In January, 1967, the Guthrie test was introduced State-wide. All maternity hospitals, district hospitals, and district nursing centres with maternity beds were supplied with a special absorbent paper on cards for testing each child at the age of five to seven days old. These are then sent to the State Health Laboratory at Hobart where testing is done. No positives have been recorded.

Ideally the Guthrie test should be repeated at the age of six weeks but, as this involves a heel stab at home, sisters carry out a Phenestix test of urine at that time.

Health Education.

A handbook has been distributed to sisters, hospitals and district nursing centres, and discussion group meetings with mothers have been conducted by some sisters. The latter appear to be best appreciated by country mothers.

Various leaflets and posters on Child Health were made up to date by the Health Education Council and used at centres. In addition, a roneoed sheet with a monthly topic is sent to sisters in conjunction with the Bulletin "Health Notes".

Surveys.

1. Tinned Baby Foods—A survey of approximately one year's duration is being undertaken by the Nutrition Officer and sisters. It deals with the use of tinned baby foods up to the age of three years.
2. Lactogen Survey—In conjunction with the Nestle Company in the Hobart area, records were kept over a three-month period on groups of babies fed on Lactogen containing varying quantities of Lactose. It tried to determine whether a complaint that Lactogen makes babies constipated was justified. Results are not yet available.
3. Handicapped Children—Sisters were asked to re-enquire about the children recorded in 1965 as being handicapped and supply up-to-date information. In addition, they sought information about children with major handicaps born since 1965 (January 1st).

In the 1965 survey, 43 children were noted to have a serious handicap. Six other children have since been added to the list, the handicap having developed since then. Of the total of 49 children, 41 are still alive and living in the State—36 in their own homes, four in Lachlan Park and one in the Mothercraft Home.

A further 53 children have been recorded as handicapped, most born since 1965.

Details of the 94 children are shown in the following tables:—

REVIEW OF HANDICAPPED CHILDREN RECORDED IN SEPTEMBER, 1965.

	South	North	North-West	West	Total
No longer considered seriously handicapped	3	....	....	....	3
Moved interstate	2	....	....	....	2
Died	3	....	....	....	3
Continuing handicap at—					
Home	18	8	8	2	36
Lachlan Park	2	2	....	....	4
Mothercraft Home	1	....	....	....	1
TOTAL	29	10	8	2	49

SEVERELY HANDICAPPED, KNOWN TO CHILD HEALTH AND DISTRICT NURSING CENTRE SISTERS IN JUNE 1967.

Year of Birth.

	1962	1963	1964	1965	1966	5/12 of 1967	?	Total
South	1	5	16	10	8	1	1	42
North	...	3	7	5	10	5	...	30
North-West	1	3	4	4	4	1	...	17
West	...	...	2	2	...	...	1	5
TOTAL	2	11	29	21	22	7	2	94

Type of Handicap.

	South	North	North-West	West	Total
Hydrocephaly	2	4	3	...	9
Microcephaly	1	1	1	1	4
Mongolism	8	9	3	1	21
Cerebral Palsy	3	2	3	2	10
Retarded (cause known/unknown)	21	10	5	1	37
Severe Congenital Heart Defect	3	4	1	...	8
Multiple Defects	2	...	...	...	2
Spina Bifida	2	...	1	...	3
TOTAL	42	30	17	5	94

Examination at 6-8 Weeks.

	No. Examined	No. with Defect	% with Defect
South	1289	171	13.3
North	587	124	21.1
North-West	1240	214	19.2
	3116	509	16.3
	(42%)		

Examination at 1 Year.

	No. Examined	No. with Defects not Previously Recorded	% with Defect
South	563	63	11.0
North	371	39	10.5
North-West	721	108	15.0
	1655	210	12.7
	(22.3%)		

Examination at 3 Years.

No. examined, 7; No. with defects, 3.

Pre-School Medical Examination Scheme.

In all, 3,116 infants were examined by doctors at the age of six to eight weeks. A defect was noted in 16% of these. Another 1,655 children were examined at the age of one year and a defect was noted in 12% of these. Seven children aged three years were examined.

These defects are shown in the following tables:—

PRE-SCHOOL MEDICAL EXAMINATION.
Defects Recorded at 6-8 Week Examination.

Site of Defect	South	North	North-West	Total	
C.V.S.	18	5	8	31	31
S.N.S.—					
Mongolism	1	2	1	4	
Hydrocephaly	...	3	...	3	
Spasticity/Incr. Reflexis	2	...	2	4	
Epilepsy	...	1	...	1	
Pilonidal Sinus/Cyst	2	6	3	11	
Wide A.F.	1	...	...	1	
Elongated Skull	...	1	...	1	
					25
Respiratory Tract—					
U.R.T. Infect.	...	...	1	1	
Bronchial Cyst/Sinus	...	1	1	2	
Stridor	...	...	1	1	
					4
Alimentary—					
Umbilical Hernia	80	42	103	225	
Inguinal Hernia	14	3	3	20	
Hare Lip/Cleft Palate	2	1	4	7	
Pyloric Stenosis/Spasm	2	3	...	5	
Tongue Tie	1	2	2	5	

Site of Defect	South	North	North-West	Total
Hiatus Hernia	1	...	...	1
Anal Stenosis	...	2	...	2
Fibrocystic Disease	...	...	1	1
Dental Cyst	...	1	...	1
Small/Large Tongue	1	1	...	2
Anaemia	4	...	...	4
Spastic Colon	...	1	...	1
Papilloma of Tongue	...	...	1	1
Rectal Prolapse	...	...	1	1
Cysts on Palate	...	...	1	1
				277
Orthopaedic Conditions—				
Talipes	2	2	2	6
Torticollis	1	1	5	7
C.D.H.	3	4	13	20
Webbing of Toes	1	...	1	2
Bowing of Fibia	...	...	1	1
Accessory Digits	...	...	1	1
Unspecified	...	1	...	1
In-Curving of Toes/Hammer toes	2	3	...	5
				43
Genito-Urinary Tract—				
Hypopspadias	3	2	4	9
Hydrocele/Hernia	12	5	5	22
Undescended Testicles/Hernia	4	6	7	17
				48
Skin Conditions—				
Cysts/Nodules	...	2	4	6
Eczema/Dermatitis	3	1	7	11
Naevi	12	19	28	59
Scarring	...	1	...	1
Infection	...	...	1	1
				78
Special Senses—				
Squint	2	1	...	3
Coloboma	...	...	1	1
Blocked Tear Duct	4	2	4	10
Dilated Pupil/Irregular Reaction	...	...	1	1
Eye Defect—Unspecified	...	...	1	1
Deafness	...	1	...	1
				17
Clinistix*	...	1	...	1
Nodular Goitre	...	1	...	1
Trisomy	1	...	...	1
Abs. L. Nipple and Ribs	...	1	...	1
Abs. Fibula	1	...	...	1
Abs. Labia and Clitoris	...	...	1	1
Abs. Uvula	...	...	1	1
				7
	180	129	221	530

* Child with multiple defects, i.e., congenital defect of heart, C.D.H., defects fingers and toes, enlarged bladder.

Conditions Noted at 1 Year Examination.

(Not Previously Recorded.)

Site of Defect	South	North	North-West	Total
Cardiovascular System	14	7	20	41
Mental Retardation, Hydrocephaly, Convulsions	...	1	4	5
Chest Conditions	...	1	4	5
Umbilical Hernia	8	5	13	26
Anaemia	6	2	2	10
Inguinal Hernia and Hydrocele	2	1	3	6
Accidental Poisoning	...	...	1	1
Other Alimentary Tract Conditions	...	...	4	4
				47
Congenital Dislocation of Hip	...	1	2	3
Other Orthopaedic Defects	3	4	4	11
				14
Undescended Testicles	10	9	16	35
Squints	17	11	16	44
Other Eye Defects	...	...	3	3
				47
Deaf	...	1	1	2
Other Ear Conditions	...	...	3	3
				5
Eczema	2	1	7	10
Other Skin Conditions	2	...	6	8
				18
Clinitest Positive	...	...	2	2
Phenestix Positive	...	...	1	1
Mantoux	...	...	2	2
				5
	64	44	114	222

Conditions Recorded at 3 Years.

Knock Knees	1	...	...	1
Enlarged Tonsils	1	...	...	1
Behaviour Problem	1	...	...	1
Fibrocystic Dis.	...	1	...	1

4. **Asthma Survey**—The names of toddlers and children in pre-schools with asthma are being recorded. So far, 104 names have been noted.

Mothercraft Home.

One hundred and eleven babies were admitted in the year. This is 24 more than the previous year. Two mothers were admitted with their babies.

Three of the children are mentally retarded and are kept while waiting admission to Lachlan Park. Six babies admitted were from families burnt out in February.

During the year staffing has been difficult.

Fifteen Child Health and seven Mothercraft Students completed their training during the year.

School Health Service.

A. STAFF.

For most of the year medical staff was maintained at full strength. A reduction by 4,000 in the number of children examined was due in part to some part-time officers being unavailable for varying periods and partly to the diversion of full-time staff to other duties, as occurred in the South after the bush fires in February. There were few changes in the nursing staff.

Statistics of Medical Examinations—

Total number of children examined	30,598
Number with defects notified to family doctors, &c.	7,553 (24.68%)
Number without notified defects	23,045
Number of medical defects (excluding dental defects)	7,480
Number of dental defects	1,970
Number of parents present at examinations	7,730

Classification of Physical Defects—

Eye Condition—

Vision	1,112
Squint	246
Other	296
.....	1,654
Tonsils and Adenoids—Cervical Nodes	1,235

Orthopaedic Conditions—

Posture	582
F.F. and K.K.	456
Other	181
.....	1,219

Ear Conditions—

Hearing	456
Otitis	75
Other	208
.....	739
	c/f 4,847

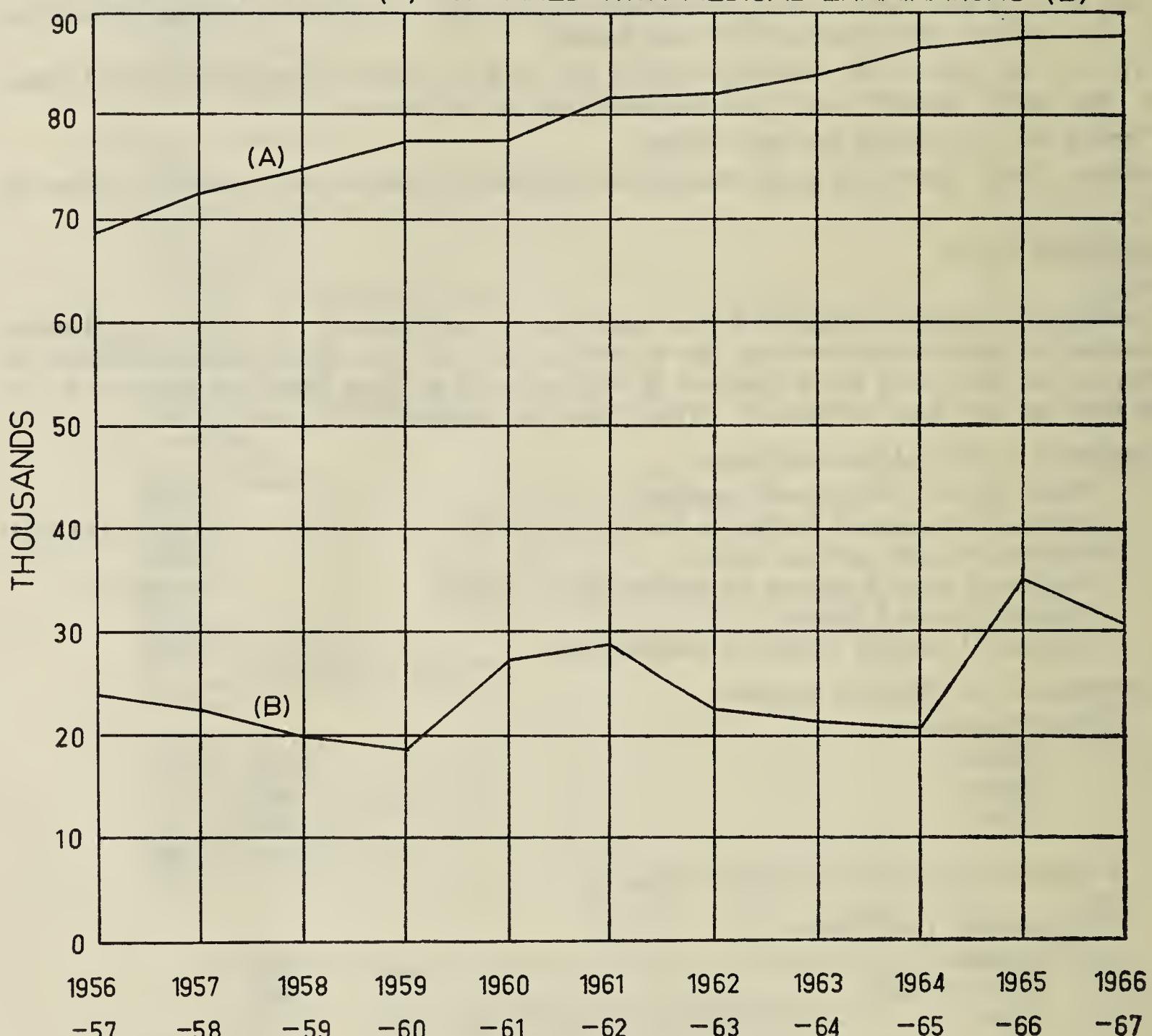
Nutritional Defects—

Underweight	67
Obesity	394
Anaemia	48
.....	509
Skin and Hair	456

Urogenital	343
Heart	234
Behaviour	168
Lungs	132
Thyroid	99
Speech	89
Hernia	65
All Others	538
.....	7,480

TASMANIAN SCHOOL HEALTH SERVICE

SCHOOL POPULATION (A) COMPARED WITH MEDICAL EXAMINATIONS (B)



(A) INCLUDES STATE & PRIVATE SCHOOLS

C. DETAILS OF SCHOOL SISTERS' WORK.

1. Defects followed up and known to have been treated: 1965-66 and 1966-67 notifications—

Dental	1,437
Physical	4,034
2. Contacts with children—

Routine school visits	123,317
Minor casualties	5,128
Immunisation	7,687
3. Contacts with parents—

Interview at school	8,377
Home visits	6,861
4. Defects notified by School Sisters—

Defective vision	313
Deafness	99
Other	41

D. STATISTICS FROM PUNCH RECORDS.

Between July, 1966, and June, 1967, 8,705 children joined the School Health Service; 7,498 as new entrants, and 1,207 born in 1959 or earlier. The latter group were children at Collegiate, an independent school participating for the first time and children transferring from interstate and overseas.

Sisters again compiled "Second Reports" on 6,995 children turning 11 during the calendar year January-December, 1966, i.e., the 1955 age-group. Data from these reports and the records of doctors' examinations of the same age-groups are presented.

This is the fourth year that these statistics have been extracted from the punch records and it is interesting to note trends such as a steady increase in obesity and a gradual decrease in goitre. The incidence of some other conditions such as heart murmurs, colour blindness and enuresis remains remarkably constant.

1. Immunisation—

(a) New entrants (7,498 children born 1960-64) :

	Number Immunised	% Immunised
Diphtheria	6,446	86.96
Tetanus	6,506	86.76
Whooping Cough	6,424	85.67
Poliomyelitis (including Sabin)	6,874	91.67
Smallpox	951	12.68
Other	182	2.42
No immunisation	433	5.77

It will be noted that there has been an increase in smallpox vaccination (from 8-12% in four years) but the rate is still alarmingly low.

(b) Old entrants (1,207 children born 1959 and earlier) :

	Number Immunised	% Immunised
Diphtheria	1,016	84.17
Tetanus	1,010	83.67
Whooping Cough	990	82.02
Poliomyelitis (including Sabin)	1,045	86.58
Smallpox	512	42.41
Other	157	13.00
No immunisation	88	7.29

(c) Immunisation of 1955 age-group since commencing school (6,995 second reports) :

	Full	Booster	Not Immunised	% Not Immunised
Diphtheria	618	3,454	369	5.27
Tetanus	688	3,809	383	5.47
Poliomyelitis	903	5,354 (Sabin)	272	3.88
	Primary	Re-Vacc.	Not Vacc.	% Not Vacc.
Smallpox	440	124	5,973	85.38

2. Eye Tests—1955 age-group (School Sisters—Second Report) :

	Without Squint	With Squint
Total tested	6,980	6,869
Normal vision both eyes	6,580	6,436
Normal vision in one eye, defective in other	246	188
Defective vision in both eyes	254	245
Number wearing glasses	461	394
Number not wearing glasses	6,519	6,475

Visual Acuity 6/6 or 6/9 considered normal, 6/12 or worse defective.

Seventy-two of the 10-year-olds tested had vision 6/36 in both eyes or worse.

* 89 in one eye; 12 in both eyes.

3. Audiometric Tests—1955 age-group (School Sisters—Second Reports):

Hearing normal in both ears	6,689
Normal in one ear—	
(a) Slightly deaf in other	129
(b) Moderately deaf in other	19
(c) Profoundly deaf in other	10
Slightly deaf in both ears	60
Slightly deaf in one and moderately deaf in other	13
Moderately deaf in both ears	5
Moderately deaf in one, profoundly deaf in other	1
Profoundly deaf in both	2
	6,928

Standards—

Normal	0-25 decibel loss.
Slight loss	30-40 decibel loss.
Moderate	45-60 decibel loss.
Profound	65-90 decibel loss.

Insistence on the use of ear protectors seems to have reduced the incidence of high frequency deafness in school cadets.

4. General Health—1955 age-group (School Sisters—Second Report):

Good	6,659
Causing concern	304
Poor	31
6,994	

5. Behaviour—1955 age-group (School Sister—Second Report):

Normal	6,636
Problems apparent	197
6,833	

6. Enuresis—1955 age-group (School Sisters—Second Report):

	Total Reported	Number Enuretic	% Enuretic
Boys	3,541	134	3.78
Girls	3,454	78	2.25
	6,995	212	3.03

The majority (180) of the bedwetters had urinalysis and six showed albuminuria.

7. Colour Vision—Ishihara Test—1955 age-group (School Sisters Second Report):

	Number Tested	Number Colour Blind	% Colour Blind	Ratio
Boys	3,474	156	4.49	1:22.3
Girls	2,376	7	0.29	1:339

Sisters' Report on Follow-up.

8. Follow-up notifications to parents in the 10-year age-group indicates that just over half of the defects, both dental and physical, were considered to be cured or improved as a result of treatment. The remainder were unchanged or, in a very few cases, were six months after notification.

Number examined by school doctor	6,520
Parent notified of defect	1,695 (25.99%)
Number with action taken by parent	1,382
Parents interviewed concerning defects	626

Results of notifications and follow-up of various types of defects:

	Cured	Improved	Unchanged	Worse	Total
Teeth	72	390	267	35	764
Eyes	19	90	79	4	192
Ears	17	60	64	2	143
Orthopaedic	5	125	155	...	285
Heart and lungs	2	16	28	...	46
Tonsils	24	56	77	...	157
Nutrition	3	67	72	1	143
Other	60	116	126	1	303
	—	—	—	—	—
	202	920	868	43	2,033
	—	—	—	—	—

9. Incidence of Obesity—(From School Doctor's Report):

	Total Examined	Total Obese	% Obese
New entrants—			
Boys	3,671	40	1.08
Girls	3,575	69	1.93
	—	—	—
Total	7,246	109	1.50
	—	—	—
Old entrants—			
Boys	1,443	29	2.00
Girls	1,486	63	4.23
	—	—	—
Total	2,929	92	3.14
	—	—	—
10-year-olds (1955 age-group)—			
Boys	3,343	104	3.11
Girls	3,269	208	6.39
	—	—	—
Total	6,612	312	4.73
	—	—	—

Comparison with previous years reveals a steady increase in obesity in the 10-year-old children. The ratio of obese girls to boys remains at 2:1.

	1963 %	1964 %	1965 %	1966 %
Boys	1.93	2.61	2.72	3.11
Girls	3.91	4.88	5.04	6.39
Boys and girls	2.91	3.75	3.87	4.73

Increase in obesity in 10-year-olds.

10. Incidence of Heart Murmurs (Doctors' Reports):

	Total Examined	Number with Murmurs	% with Murmurs
New entrants	7,246	400	5.52
Old entrants	2,929	144	4.91
1955 age-group	6,612	225	3.40
	—	—	—
	16,787	769	4.58
	—	—	—

Type of Murmurs	Congenital	Rheumatic	Functional
New entrants	58	7	335
Old entrants	23	2	119
1955 age-group—	40	16	169
	—	—	—
	121	25	623
	—	—	—

11. Incidence of Goitre—(Visibly Enlarged Thyroid):

	Total Recorded	Number with Goitre	%
New entrants—			
Boys	3,614	14	0.38
Girls	3,523	18	0.79
1955 age-group—			
Boys	3,305	45	1.36
Girls	3,230	109	3.37

The use of iodates as a bread improver for baking bread from April, 1966, commercially, following National Health and Medical Research Council approval, had a useful side-effect for Tasmanians. It enabled a dietary deficiency of iodine to be improved in a way that iodide tablet distribution could not do.

Goitre Prophylaxis by tablet distribution has now been in operation for 17 years and it has become obvious to school medical staff that the method leaves much to chance. The degree of co-operation of teachers varies considerably and it has not been uncommon to find classes or whole schools in which tablet distribution has been overlooked for long periods.

Research by Professor Basil Hetzel and his group in Adelaide revealed that iodine deficiency was still a problem in Tasmania in 1965-66.

In the meantime, it becomes apparent that the incidence of goitre in school children is continuing to fall, and it is now becoming difficult to find a child with thyroid enlargement suitable for demonstration to new members of the staff.

Asthma.

A preliminary survey was made to estimate the probable incidence of asthma in Tasmanian school children. It was found that approximately 10% of boys and 5% of girls had a history of asthma at some time. In about half of these the asthma was still occurring, but in only a small proportion of the total (1.71% of boys and 0.74% of girls) was the condition causing real concern. If these figures are representative, there are about 1,030 children in the State requiring specialised care and medical attention for asthma.

Further studies in the epidemiology of asthma will be undertaken in collaboration with experts nominated by the Medical and Scientific Advisory Committees of the Asthma Foundation.

Nutrition Service.

Dietary surveys were continued routinely as a means towards dietary education in schools and to check on food patterns of pre-school, primary and secondary school children. Tasmania continues to be the only State where these can be obtained, and a number of food producing firms now request information on the patterns found. Data on some of these was made available to the Royal Commission enquiring into fluoridation of Water.

Bread Consumption Survey.

Within the School Health Service, a survey was made to find the daily average bread consumption of people in the ages 1-3, 3-7, 7-11, 11-15, 15-18 and 18-35 years. In 890 families, a total of 3,500 assessments were made. This information is not yet complete and will be published later.

Canned and Bottled Infant Meals Survey.

There is concern that these convenience foods are used much longer on a regular basis than was envisaged by their manufacturers, and that this may cause problems in the acceptance by children of home-cooked or rougher foods. This survey is to find out whether such problems do occur when infants eat these foods regularly for long periods.

The Victorian Department of Health has joined with us in this survey. This is good because the results for two States will be far more valid than those obtained in a State with only 4% of Australia's population.

Nutrition lectures to trainee teachers at the University and Teachers' Colleges continued, and the Adult Education Board organised several courses featuring nutrition lectures.

Requests for advisory assistance and extra nutrition services have built up by virtue of interest stimulated by T.V. and wireless publicity.

Occupational Health and Industrial Hygiene.

The Division continued to work closely with the Department of Labour and Industry to try and solve problems arising in various industrial undertakings.

This work involved a large amount of education and various private firms now seek advice in a consultant capacity. During the year, a report on problems of safety standards in the trade workshops of schools was presented to the Director of Education.

Sanitation and Food Hygiene.

A new Health Inspector was appointed to the Launceston Office. It is intended that he will be available to Municipal authorities to aid them in emergency. This is particularly important when a slaughterhouse or abattoirs could have its meat inspection held up.

Septic Tank Installations.

A total of 1,247 applications were received for the installation of septic tanks, this being an increase of 132 on the number in 1965-66 and 201 on that of 1964-65. Only 72 applications were rejected.

The 1,247 applications included many to replace tanks of homes burned out in February, so that the applications for new premises may not be greater than in previous years.

Town Sewerage.

Most towns with existing sewerage schemes extended these during the year. Devonport continued the sewerage of East Devonport; St. Leonards made extensions in St. Leonards township and Youngtown; Clarence proceeded with a scheme at Geilston Bay; and Campbell Town has extended its seweraged areas to take in virtually the whole township. Beaconsfield and Westbury also continued sewerage developments in the Launceston suburban area.

Sewerage schemes for the townships of Deloraine, Somerset, Scottsdale and Oatlands were under consideration at the end of the year.

Places of Assembly and Public Entertainment.

The transitory period provisions under the Local Government Act 1962 were extended for a further 12 months because new regulations had not yet been finalised.

Meat Supervision.

There has been a significant reduction in the number of licensed slaughterhouses in the State. At 1 January 1966, there were 72; at 1 January 1967, there were 46.

This reduction has meant that more people have a chance of buying inspected meat, but the fact still remains that in only 12 slaughterhouses is there full-time meat inspection, and it is a well-established axiom that where there is only 90% inspection, then 90% of dubious or diseased meat will be pushed through the 10% loophole. Divisional staff are still concerned that meat from many small slaughterhouses is uninspected, especially when it is known that 70% of the bacterial infections of animals also affect man.

Though the licences of 46 slaughterhouses are dated from 1 January 1967, a number were not granted by certain Councils until as late as June, 1967. This placed owners in the invidious position of not knowing the fate of their business and of being liable to be bailed up for slaughtering without a valid licence for part of the year because the law prohibits slaughtering for sale without a licence.

An agreement to use the services of inspectors of the Department of Primary Industry as "foreign meat" inspectors within the State was made. This obviated the position at export abattoirs of having another inspector purely for State legal reasons.

Garbage Disposal.

Though the service systems in most townships are reasonable, a problem still exists in a number of small towns because the cost of operating proper sanitary disposal under supervision is thought to be too high a charge on local rates.

Water Supplies.

The loss of the bacteriologist from the State Health Laboratory seriously affected the monitoring of the many and varied water supply systems throughout the State. The Commonwealth Health Department helped where it could without jeopardy to its own laboratory work, but there is a limit to what we can expect them to do. Therefore, the amount of water sampling has had to be reduced and the work of trying to improve the standard of water supplies has suffered.

Training.

A conference for Municipal and State Health Inspectors was conducted in Hobart in May. There was an excellent response from Municipalities and much mutual discussion of problems took place. A series of talks on modern technology affecting inspectors was given.

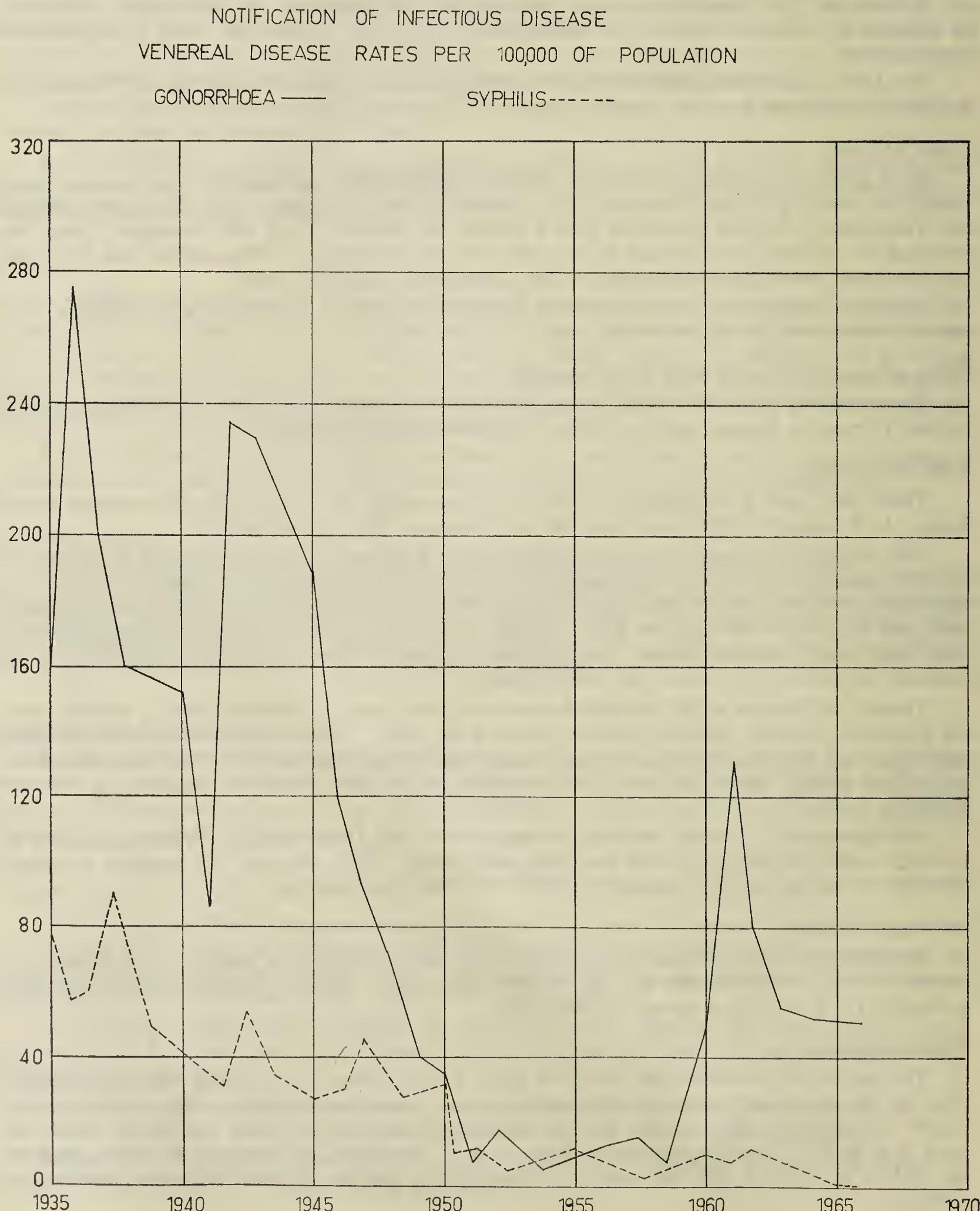
Fire Disaster.

In this period, the Health Inspectorate, ably assisted by personnel of the National Fitness Section, concentrated on the supervision of dead stock to guarantee water supplies and prevent outbreaks of disease. About 30,000 head of stock were disposed of in approximately one week.

Infectious Diseases and Venereal Diseases.

The detailed returns of notifications made by law are shown in Tables 11 and 12.

It should be stressed that these only represent the numbers notified, not the numbers occur-



ring. For example, there is evidence that 32 cases of Hydatid disease were seen by the profession in the last year, but only six were notified. This is a problem not easily soluble by legal means, and one faced by Public Health authorities in many countries.

Of the 855 infectious disease cases notified (see Table 13), 82% were due to Rubella (German Measles), Scarlet Fever and Hepatitis. The last named condition was commoner than in the previous year when 172 cases were notified. Whether this is a real increase or better notification is being made, is hard to assess. If it is a real increase, then we have cause for concern at the possibility of a severe rise in its prevalence in the next few years, especially when some research workers produce evidence to suggest that outbreaks of Infectious Hepatitis are followed, after some years, by an increase in the incidence of Mongolism (a form of mental deficiency).

There is no simple cure for the condition and no highly specific vaccine. The remedy lies in good personal hygiene. It seems very important that adequate finance be made available to allow of better hand-washing and toilet facilities. It is quite probable that personal hygiene habits of adults are responsible for much of the food-borne disease today and one can speculate as to why they have today the relative poor appreciation of the need for clean hands before handling foods for themselves and others.

Gonorrhoea continues to dominate the notifications of Venereal Diseases; other forms being rare. It is particularly fortunate here that Syphilis continues to be rare. Though 10 fewer cases of Gonorrhoea were notified since last year, it is not known whether this means anything much as it is thought that the true incidence in the population is greater than indicated.

The treatment of Venereal Diseases is largely in the hands of private medical practitioners, or in the hands of relatively junior doctors in the large hospitals. There is no one of consultant status in venereology to whom any of these can refer, or who could so gain confidence of the medical profession and so find out where the main reservoirs of the disease lie.

The graph of the rate incidence of Gonorrhoea and Syphilis as notified has been continued and is shown hereunder:—

Committees and Councils.

The Food Standards Committee, the Radiological Advisory Council, and National Fitness Council and the Health Education Council met regularly throughout the year. There was one meeting of the Fluoridation Committee.

NATIONAL FITNESS SECTION

Staff.

The appointment of a Field Organiser to promote and organise Adventure Camping activities, and the Duke of Edinburgh Award Scheme throughout the State provided stimulation to these activities, and some alleviation to staffing problems.

The successful establishment in New South Wales of the "Australian Recreation Leadership Course" has provided an opportunity for the training of Field Staff. During the year one Field Officer attended a one-month session of the course with very beneficial results. It is hoped that such periods of training can be arranged for other officers during the forthcoming year.

Accommodation.

Improved accommodation for the Launceston Office was obtained and office accommodation is now considered to be adequate.

Promotion of Physical Recreation.

During the year under review, the promotion of amateur sport and other forms of physical recreation involved much of the resources and effort of the Section.

The increasing awareness in the community of the need for a much wider range of activities in which people over a very wide age range can participate, placed increased responsibility not only on the Section and on sports and recreation organisations, but also on Municipal and Government authorities to meet this need by the provision and extension of facilities. With support from the State Government, Municipal authorities generally made some substantial progress in this field.

Legislation of particular interest in 1966 was the Elderly Citizens' Clubs and Youth Centres Act which makes provision for financial assistance through Municipal authorities by way of loans to approved organisations for the erection or purchase of youth centre buildings and for assistance in respect to a proportion of the annual debt charges relating to such loans.

The State Government also provided considerable assistance to Municipal authorities and other bodies by way of direct grants and subsidies.

Indoor Recreation Centres.

The continuing success of these centres and the community interest in the establishment of proposed new centres in various areas of the State is of particular interest. In 1966-67 Field Staff carried out executive duties for eight centres which catered for over 14,000 participants each week. Voluntary personnel accepted very wide responsibilities for the conduct of the centres and many hundreds of voluntary officers were heavily involved with different activities.

With a complement of only 10 officers in the field to implement the many aspects of National Fitness policy, their involvement with these indoor centres did, of necessity, impose limits on their promotion of other facets of physical recreation and fitness. It appears inevitable that this situation will continue until such time as each of these centres has its own professional executive staff.

Two fields of activity which showed an encouraging increase during the year were those of camping programmes, and bush and mountain expedition training. In the latter, requiring as it does, rather specialist knowledge, the Section received full support from Bushwalking and Mountaineering clubs and their members.

Beginners and Coaching Classes.

National Fitness Officers organised a comprehensive programme of classes in a variety of physical recreation activities. The majority of these classes were designed to teach fundamentals to beginners, particularly children and young adults. Classes were also conducted for special groups such as housewives, student nurses, and trainee teachers. Several courses of more advanced training for umpires, officials, and coaches were also organised.

Following is a summary of classes organised during the year:—

Region	No. of Sports	Courses	Sessions	Total Attendances		Total Hours
				Male	Female	
North-West	9	22	322	5,978	7,318	491
North	4	63	737	5,224	8,603	995
South	12	46	384	3,652	8,199	877
	—	—	—	—	—	—
	....	131	1,443	14,854	24,120	2,363
	—	—	—	—	—	—

For coaches, referees, officials:

North-West	2	2	15	115	10	28
South	4	4	34	285	317	48
	—	—	—	—	—	—
	....	6	49	400	327	76
	—	—	—	—	—	—

Youth Work.

The employment of an assistant to act as Executive Secretary to the Youth Council of Tasmania provided satisfactory liaison with that body and with the member voluntary Youth organisations throughout the State.

HEALTH EDUCATION

The membership of the Council remained unaltered during the year, and Dr. H. M. L. Murray continued as Chairman, despite his retirement as Director of Public Health in September, 1966.

Activities

Schools.

The difficulty of the Education Department remains that, although there are valid claims by various organisations, among them the Health Education Council, for the introduction into the school curriculum of such subjects as safe driving techniques, sex education, smoking, alcoholism, &c., the main function of the school—intellectual preparation—must remain paramount.

The Council resolved to approach the Education Department to seek the inclusion of a medical member of the Council on the committee revising the secondary school syllabus and a similar co-option to the Curriculum Branch of the Education Department, to assist in the planning for the introduction in schools of topics of medico-social and Health Education significance.

Adult Education.

For the first time a series of four talks on health subjects of public concern was given during the Spring term of the Adult Education Board's programme.

The audience, while enthusiastic, was disappointingly small, and this would appear to be a limited channel for dissemination of facts to the public, unless one postulated that those attending were informal "opinion leaders".

A representative took part successfully in the orientation week series of lectures at the University of Tasmania.

Alcohol and Alcoholism.

Considerable liaison and mutual support has been built up between the Alcoholism Information Centre and the Health Education Council during the past year.

This has culminated in the presentation at Hobart High School of a series of talks and films on alcohol, its social usage and dangers to health. This is one of the subjects which is obviously concerning teachers as well as parents, and could well form part of secondary school education on the dangers of drugs of addiction.

Alcohol information week is planned for February, 1968, and all the support possible will be given to the project.

Smoking and Health.

The University investigation "The Neophyte Smoker" was completed and presented to the Council in January, 1967.

The decision to continue or extend the survey was deferred pending the availability of information on the planned Australia-wide survey on smoking habits to be carried out by the Smoking Survey Sub-Committee of the National Health and Medical Research Council.

The report of this Sub-Committee was recently presented and received the support of all States, including Tasmania. The first part, a factual study of smoking incidence of school children is planned for the Spring term of 1967, and a school in Tasmania which is to be randomly selected will participate. This initial survey will be followed by a study in depth over a period of a year, planned to start in February of 1968. Whether or not a Tasmanian school will participate will depend on the result of the questionnaire survey. The final phase of the study will be concerned with the application of educational methods to the same child groups as the study in depth for a certain period. This will enable a final evaluation to be made of the content of a nation-wide education campaign.

With the cost for Part One of the survey at \$4,000.00, it is obvious that this can only be accepted by a national body.

Following considerable discussions and compromise, a commercial T.V. channel produced two anti-smoking flash advertisements which were shown from June 19th. This is to be followed by two further evening "flashes" and an afternoon advertisement aimed specifically at the mothers of young children.

Following the formation in Sydney in 1966 of the Australian Council on Smoking and Health, an invitation was received to attend with other interested organisations, a meeting convened by the National Tuberculosis and Chest Association (N.A.P.T.A.) with a view to forming a Tasmanian Branch of the above Council. The proposal met with considerable support and a committee was formed under the chairmanship of the Honourable the Chief Secretary, Mr. B. K. Miller, and an initial grant of \$1,000.00 was made available by N.A.P.T.A. to enable it to support Health Education of the Public on the health hazards of smoking. If a workable long-term and worth-while scheme could be developed, it was intimated that the Tasmanian Division of N.A.P.T.A. would make available a similar grant for a period of five years. The Health Education Council is represented on the committee by its Secretary.

States Health Education Co-ordination Council Meeting.

The bi-annual States Health Education Co-ordination Council meeting is scheduled to take place in Hobart in March of 1968, and the secretariat has already been transferred here.

However, the National Health and Medical Research Council has decided to re-establish a Health Education Sub-Committee, whose precise terms of reference and membership will be decided in October of 1967.

Inflammable Clothing.

Considerable publicity was given on national and local T.V. and radio stations on the dangers to children, especially young girls, from inflammable clothing. Measures have been taken to amend the legislation to give the necessary power to control the sale of garments made of dangerous material.

It is thought that this legislation will be introduced in the latter months of 1967, and the Health Education Council will promote a publicity campaign to inform the public of the change. This has prompted an entry into the field of a firm advertising their products as non-inflammable.

Hydatids Eradication.

The request of the Hydatids Eradication Council for an observer from the Health Education Council with specialist knowledge of the problems of the preparation and introduction of educational material into the State school system was met by a member undertaking to make occasional visits when there were agenda items to which he could make a special contribution.

Dental Health.

A proposed programme of dental health education, submitted to the Minister for Health, closely parallels the plans in this field made by the School Dental Health Service.

A very adequate amount of visual aid material exists, with the one possible gap being for primary and infant schools. Provision for this matter has been made in the coming financial year.

Road Safety.

Considerable public interest was aroused by the film "Mechanised Death" and there would appear to be scope for its further dissemination.

It is understood that it is intended to purchase a copy of this film for general use in Tasmania.

Publications.

Fluoridation.
Guard Your Teeth.
Threadworms.
Briar Berries.
School Lunches.
Suggested Menu for Tuckshops.

Home Safety.
Safety in the Bush.
Immunisation Card.
Immunisation Leaflet.
The Handicapped Child.
V.D. Leaflet.

DIVISION OF PSYCHIATRIC SERVICES

Legislation.

The Mental Health Services Bill was presented to the House of Assembly before the end of the year. The object of the legislation is to co-ordinate Mental Health Services throughout the State under the direction of a Mental Health Services Commission. It is intended that closer links will be provided with other medical disciplines and in particular the University of Tasmania. It is proposed that a Board of Management will control Lachlan Park Hospital in the same way as is done in other hospitals in the State.

Mental Health Statistics.

A census of all in-patients, excluding those in psychiatric beds in public hospitals, was taken on 30 June 1966. The results of this census will shortly be available in statistical form showing information on the incidence of mental illness by diagnostic classification. This information will provide useful homogeneous comparisons of mental illness in other States of Australia.

Staffing.

The vacant position of Senior Medical Officer (Child Psychiatry) was filled on 1 August 1966. The position has been vacant for some considerable time and the appointment is extremely welcome. The much needed service for children will undoubtedly be a developing one and the

first step in this direction will be the opening of a new unit for Child Health at Ellerslie Road, Hobart, under the direction of the Division of Public Health. A psychiatric team will be at the disposal of this unit for mental health problems affecting child health.

The Senior Medical Officer (Adult Psychiatry) post remains unfilled, despite extensive advertising on the mainland and overseas. In view of the increasing load of day and out-patient attendances and forensic psychiatry, the lack of success in filling this vacancy has placed a heavy burden on the remaining psychiatric staff. To some extent this has been alleviated by the secondment of a psychiatrist from the Lachlan Park Hospital to work full-time at Clare House, and by the employment of two private psychiatrists for one half-day per week at this unit. In addition, a private general practitioner attends Clare House two half-days per week. His association with the unit has proved a valuable link with general practice.

Owing to the increasing burden of clinical and forensic work the administrative staff has taken a very active part in the medical administration of this Division. This had the desirable effect of releasing psychiatrists from some duties in which they were formerly engaged and has provided them with additional time to perform their respective clinical functions.

New Office Premises.

Due to the overcrowding in the offices of the Department of Health Services, the Division of Psychiatric Services moved its headquarters to "Melrose", 141 Hampden Road, Hobart. This move took place on 16 December 1966. The new premises have proved to be a better and quieter atmosphere for consultations with patients who from time to time visit this office for treatment and for interviews with psychologists and social workers.

Administratively there have been no serious disadvantages in the Division's detachment from its headquarters in the Davey Street offices.

Regional Services

Southern Region.

The Clare House Day Hospital has continued to be an expanding service and points to the obvious need to further develop community services. Family psychiatry has been undertaken at this unit to a limited but successful extent. Three evening clinics are being conducted weekly dealing with two alcoholic groups and one young married group. The extent of public awareness of the Clare House Day Hospital is reflected in the following figures:—Out-patient visits, 2,237; day-patients visits, 3,282. During the year 375 new patients attended for treatment.

An annex at the Tasmanian Chest Hospital opened in September, 1966, providing in-stay facilities of a short duration and it is linked with Clare House for day group therapy treatment. This has proved a worthwhile adjunct for the treatment of selected alcoholics and other suitable patients.

The Alcoholism Information Centre continues to provide advice and encourage early ascertainment of alcoholism. Lectures and broadcasts by the Officer-in-Charge of the Centre have continued throughout the year and the public response has promoted a considerable demand for literature and counselling services. An Alcoholism Information Week has been planned for early in 1968. Much of the ground work has been completed in close liaison with the Health Education Council on the preventive aspects of alcohol education. The objective of the "Week" is to spread greater knowledge of the problem and to encourage earlier entry to treatment.

Proposed New Facilities—Southern Region.

As previously mentioned earlier in this report, in connection with the appointment of a Child Psychiatrist, it is proposed to open a Combined Children's Clinic in October, 1967, at Ellerslie Road, Hobart. This is a pilot project in conjunction with the Division of Public Health. The Division of Psychiatric Services will supply a psychiatric team consisting of a psychiatrist, psychologist and a psychiatric social worker. Child Psychiatric Services are at present being undertaken at the Divisional Offices and the development of this Centre at Ellerslie Road will integrate treatment facilities in conjunction with the School and Child Health Services of the Division of Public Health.

A plan for a Day Minding Centre to accommodate grossly intellectually handicapped children is being prepared. This Centre will be of great benefit to parents who wish to retain such children in the home environment but require intermittent relief from the continuous management at home. Such a Centre will have the effect of keeping certain children in this group in the community during childhood and prevent their early permanent hospitalization at the Lachlan Park Hospital. It is possible that with training others may reach the stage of development to avail themselves of a more comprehensive training programme offered at Talire School.

The age limit for entry to this Centre has been defined as from 3 to 12 years and initially day accommodation will be available for approximately 25 children at any single session.

North-Eastern Region.

The Lindsay Miller Clinic at Launceston has continued to play an important role in community psychiatric services. Apart from its function as a day hospital and out-patient clinic, the 16 available beds allow the intensive treatment of patients over a short duration of two to three weeks. Thus many patients who have received treatment at this clinic have been prevented from hospitalization at Lachlan Park.

The following statistics in regard to attendances at this Clinic during the year 1966-67 confirm the need for this kind of Regional Psychiatric Service and points to the further development of similar clinics in some of the other larger centres of population in Tasmania:—Outpatient visits, 2,552; day-patient visits, 1,800; in-patients 436.

North-Western Region.

Since the resignation of the permanent psychiatrist in October 1965, this region has been without a permanent psychiatric cover. However, to provide this cover the two psychiatrists at the Lindsay Miller Clinic are visiting for one day per week at Burnie and Devonport. It is pleasing to report that it is anticipated that a psychiatrist now on the staff of the Lachlan Park Hospital will take up appointment as the Regional Psychiatrist shortly. This appointment should prove to be of great benefit to the service as a whole and will close a serious gap in the State psychiatric services. Nonetheless his absence from the Lachlan Park Hospital staff leaves the hospital increasingly short-staffed and he will be sadly missed. It is anticipated that the 16-bed psychiatric unit attached to the Spencer Hospital at Wynyard will be ready for occupation towards the end of 1967. This unit is of modern design and is well suited to its requirements for treatment of acute psychiatric cases. Its opening will relieve the already over-burdened Lindsay Miller Clinic on the one hand and will reduce the intake of certain patients to the Lachlan Park Hospital on the other. A further function of this unit will be that of a day hospital and out-patient centre for people seeking treatment in the area.

Guardianship Board.

The Guardianship Board met on 12 occasions during the year and considered the placement, welfare and rehabilitation of some 70 patients who are either the responsibility of individual guardians or of the Guardianship Board. The Board was assisted in its work by reports from psychiatrists and social workers of the Division.

Mental Health Review Tribunal.

The Mental Health Review Tribunal, established under the present Act, has completed its second full year of operation. More cases were reviewed than anticipated, the figures being—

Number of meetings	11
Cases heard	*26
Number discharged	3
Restrictions lifted	2
Applications rejected	16
Cases adjourned	†5

* Applications, 23; referred by Attorney-General, 3.

† Two subsequently discharged by hospital.

As has apparently proved to be the case in England, with similar new legislation, the Tribunal feels its scope is somewhat restricted by its powers being limited to a straight-out decision to discharge or not to discharge, that is, it has no power to impose conditions under which a patient might be recalled to hospital within a given period if the conditions are not adhered to. Amendments to the Act have been suggested, the principal one of which is designed to give the Tribunal power to order a conditional discharge. Certain amendments to the regulations have been made which has simplified the hearing of applications and references.

Hospitals

Lachlan Park Hospital, New Norfolk.

At 30 June 1967 the number of patients remaining in hospital was slightly higher than the previous year (881—1966: 900—1967), but the total number of patients under care during the year has fallen slightly from 1,008 to 1,003. First admissions dropped from 475 to 472, but re-admissions rose from 419 to 468. Discharges from hospital rose from 734 to 828, and there has been a rise in the number of deaths from 64 to 72, this being due to the increase in the age of chronic patients.

Statistical tables are contained in the Appendix.

Nursing Staff.

The number of trained male staff is 53, as last year. Gains during the year from the United Kingdom and from new registrations were offset by retirements, departures and by two of the senior staff becoming Welfare Officers and three of the senior staff becoming Mental Health Visitors. There are 23 students in training, nine trained auxiliary staff, and 11 auxiliary trainees. There is a total of 22 male vacancies.

The female trained staff situation is as desperate as ever. The establishment is 68, but there are only 23 on the staff, a decrease of six on last year. The further outlook is equally desperate as there should be 45 student nurses, whereas there are only seven second and third year and five first year. There is one trained auxiliary and 10 auxiliary in-training. The balance is made up of 100 nursing aides, 50 more than there should be. There is a total of 42 female nursing staff vacancies.

A modification of the system of selection of trainees has resulted in a more satisfactory level of recruits going in for training, but the numbers, especially females, are grossly inadequate.

There are two Preliminary Training Schools for student nurses and two Auxiliary Training Courses per year. Later this year, a post-registration course in mental deficiency will commence in two In-Service Administration Courses.

The appointment of the Superintendent of Nursing will integrate the work of both male and female divisions and this is an important advance.

Medical Staff.

The Medical Staff still consists of nine (9) Doctors, of whom four (4) are Psychiatrists, who can act as Responsible Medical Officers under the Mental Health Act 1963, and two (2) are part-time. Although the number of Psychiatrists is shown as four (4), one of these is shortly leaving to fill the vacant position on the North-West Coast. The Hospital is still seriously hampered by the lack of Psychiatrists. Although there are promising signs of development of community methods in the Hospital, progress has been slow because of this lack.

Accommodation.

Works completed during the year have been two Occupational Therapy Centres, two Secure Wards, an Older Children's Ward (Mixed Adolescent) and the Hospital and Totally Dependent Ward. The Amenities Centre is very well advanced and the Admission Ward is half-way completed. Also completed are the provision of electrical and mechanical services, heating, ventilation and fire precautions to Wards D, E, F, G, J and Female Hospital Ward. The fourth boiler is now in operation.

Outside Help.

A week designed to inform the public about Lachlan Park Hospital, the final function of which was a dinner attended by the Governor of Tasmania, Sir Charles Gairdner, has made it possible to set up a small voluntary service. This service, which was inaugurated with a series of lectures from members of hospital staff, now comprises some 24 members. These people, with no other psychiatric training, come to the wards, giving about two hours of their spare time a week to help make the patients' lives more like life outside. Projects which have proved successful are physical and beauty culture for young girls, sing-songs and other entertainments for older patients, carpentry classes for youths, bingo evenings for long-stay patients and a great amount of valuable help with the children under the direction of the Speech Therapist. In addition, there have been many more visits from concert parties and these have helped to break up what is otherwise a rather boring period at week-ends.

The work of the Auxiliary has, as ever, made a great difference to the lives of the patients. Apart from projects concerned with patients at Christmas time, the Auxiliary have given invalid chairs, a tape recorder, wireless and record player and a liquidiser.

Millbrook Rise.

The number of admissions showed a slight increase over last year and the daily average was a little higher. The hospital grounds suffered severely in the February fires, but the staff and patients managed to save the building. The Fire Brigade was fully engaged elsewhere and unable to help and this was a more than creditable accomplishment. The installation of central heating was much appreciated by staff and patients alike.

Official Visit.

Lachlan Park Hospital and Millbrook Rise were honoured by an official visit from His Excellency the Governor. He saw over a considerable portion of the Hospital, including two long-stay wards, Nurses' Home, the Children's Ward and the Occupational Therapy Centres at Lachlan Park Hospital and Millbrook Rise. He also spent some time talking to patients. This proved a memorable day in the history of the two establishments and made a great impression on both staff and patients.

Statistical tables are contained in the Appendix.

DIVISION OF TUBERCULOSIS

The number of new cases of tuberculosis notified during the year was 58, which was eight less than the previous year, and the lowest yet recorded. This index has fallen steadily since 1956-57, as indicated below:—

Summary of Notified Cases of Tuberculosis.

Year	No.	Year	No.
1954-55	189	1961-62	118
1955-56	205	1962-63	111
1956-57	206	1963-64	105
1957-58	167	1964-65	81
1958-59	160	1965-66	66
1959-60	128	1966-67	58
1960-61	117		

A detailed analysis of the new cases is given in Tables 14 to 19.

The continued reduction in the number of people requiring hospital treatment for tuberculosis has made it possible to release 48 beds during the year for the use of non-tuberculosis patients.

A section of the Tasmanian Chest Hospital, where formerly 16 tuberculosis patients were accommodated, is now used for psychiatric patients; 32 beds have been relinquished at the Northern Chest Hospital, and a unit has been created there for the treatment of geriatric patients.

During the year, 43 names were removed from the State Case Register on account of death, but in only 10 cases could tuberculosis be regarded as the main, or a contributing cause of death. The other 33 were persons in whom the disease was regarded as completely inactive at the time of death.

Supervision of Domiciliary Patients.

Forty-four of the 49 pulmonary cases were treated in a Chest Hospital, 30 of these in the Tasmanian Chest Hospital and 14 in the Northern Chest Hospital. Domiciliary supervision was considered adequate in three instances.

One notification was as the result of post-mortem examination, and one patient died in a public hospital before admission to a Chest Hospital.

In addition, three non-pulmonary cases were also treated in the Tasmanian Chest Hospital following initial treatment at the Royal Hobart Hospital; one overseas case and one case transferring from interstate were treated at the Northern Chest Hospital.

Tuberculosis in Migrants.

There were nine notifications of persons born outside Australia, and the country of birth of these patients is as follows:—

United Kingdom (3); Austria (2); Malaya (1); Greece (1); Poland (1); China (1).

A crew member of a visiting Chinese ship was also found to have active tuberculosis, and after initial treatment at the Northern Chest Hospital, was returned to his own country.

Tuberculosis Allowance Payments.

During the year 61 claims for the Tuberculosis Allowance were received, 10 of these were rejected and 49 approved, leaving two claims still to be finalised. Cancellation of the allowance was effected in 46 cases, leaving 47 still operative at the close of the year, including one interstate transfer, this being an increase of four on the previous year.

Mass X-rays.

Since the frequency of compulsory X-ray examinations was reduced to once every two years, there has been a reduction in the total number taken, but this reduction is less than expected. The figure of 88,000 examinations for this year compares with 89,000 last year and 121,000 in 1964-65. There are still many people who prefer to have an annual X-ray.

The number of cases found by Mass Survey was 29, or half the total number. It is pointed out that many of those found by routine X-ray are discovered at an early stage before the development of symptoms, which naturally tends to reduce the risk of dissemination of the disease.

Details of the work of the Mass X-ray Section given in Table 21 include a list of pathological chest conditions which were found in addition to tuberculosis.

Chest Clinics.

The total number of registered cases of tuberculosis continued to increase slightly because there were 58 new cases as against 43 on the register who died.

All cases should remain under medical supervision for the rest of their lives: thus, although the Chest Hospitals which treat people with active tuberculosis have had a steadily reduced work load, this does not apply to the Chest Clinics which are primarily concerned with the investigation of suspected new cases and supervision of those whose disease is inactive.

Table 20, which shows the work of the Chest Clinics, also gives results of tuberculin skin test surveys in schools. These show the very low figure of 14 children with natural positive skin tests out of 3,106, a percentage of 0.45. This figure, which is very low, implies that only 14 of these children have had any contact with the tubercle bacilli.

TECHNICAL DIVISION (GOVERNMENT ANALYST LABORATORY)*Staff.*

The two existing and long-lasting vacancies of Chemist have not yet been filled. It is hoped that one will be filled in the near future by an officer capable of undertaking the very important task of determining pesticide residues in foods connected with local and overseas primary produce markets.

A second appointment would help overcome analysis deficiencies in other sections, especially that relating to air pollution.

Housing and Equipment.

The acquisition of an atomic absorption spectrophotometer increased the potential of work involving analyses related to soils, plants and waters.

It has not proved possible to relieve the gross overcrowding of personnel and equipment. The problems associated with the inability to provide adequate housing space is resulting in the uneconomic process of other Departments setting up small chemical testing laboratories to satisfy their expanding chemical testing needs. Such procedures are ultimately more costly and less rewarding than the establishment of a centralised, singly controlled, adequately housed and equipped laboratory.

Summary of Work.

The samples examined numbered 4,633, an increase of over 500 on the previous year.

Soil samples numbered 170 more than last year, the previous highest total. Plant samples again materially declined, but to offset this, food, toxicological and blood alcohol samples all increased. Other categories remained static.

Source of Samples.

Government Departments—			
Agriculture	1,349	Labour and Industry	9
Health	930	Education and State Library	
Coroners	237	(2 each)	4
Forestry	165	Animals and Birds Protection	
Hydro-Electric Commission	164	Board, Prisons and Transport	
Police	103	(1 each)	3
Metropolitan Water Board	93	Public and firms	1,062
Inland Fisheries	30	Local Authorities	362
Supply and Tender	22	Tasmanian Museum	7
Public Works	20	University	4
Hospitals and Institutions	33	Hobart Marine Board	1
Commonwealth Departments	10		
Rivers and Water Supply	14		4,633
Agricultural Bank	11		

Consultative and Advisory Work.

It is enquiries from the public, business firms and other Departments that embrace all facets of the work of the Division, and take a considerable amount of time of the senior staff.

Food Chemistry.

Of the 715 food samples, 550 were lactose for infant feeding. Of these lactose samples, 16 were found to contain between 0.2% and 8.6% boric acid.

There were 15 foods containing filth or foreign objects, four with other quality defects, and 21 which did not meet the prescribed standards (including the presence of preservatives in 15 mincemeat samples of the 33 submitted).

From the 203 milk samples, 81 failed to meet the required standards. Milks from the Hobart area numbered 138 with 77 failures (all due to deficiencies in solids: none were deficient in fat content) and probably reflects the effects of a very dry year allied to the current trend towards milk quantity rather than high quality production.

Agricultural Chemistry.

Samples solely connected with agricultural pursuits numbered 2,271, a decrease of 93 from last year.

Soil samples rose 170 to a record 1,787, but plant samples materials further fell by 260.

The soil samples were spread fairly evenly between the Extension, Horticulture and Plant Pathology Divisions of the Department of Agriculture (1,431 samples) and 156 were from the Forestry Department.

Plant samples derived mainly from the Horticulture (260) and Plant Pathology (134) Divisions.

The notable decrease in animal poisoning samples (10 as against 45 last year) is heartening as the commonly used poison (strychnine) could easily cause deaths among young children.

Forensic Chemistry and Toxicology.

There were 74 exhibits from 22 cases examined for the Police and in most cases involved senior staff in court appearances to tender expert evidence.

Toxicological specimens numbered 171 from 40 cases. Barbiturates were directly connected with 15 cases and with other similar drugs in two other cases, excluding four cases of carbitral poisoning. Among the other drugs detected were palfrum, bromural, librium, valamin and propanolol as well as cyanide, barium chloride, an organophosphate and carbon monoxide. Three cases failed to show the presence of any drug.

Of the 118 specimens (112 cases) examined for alcohol, there were 43 cases relating to road deaths, 16 cases of driving under the influence, 28 cases related to general coronial inquiries, four biochemical specimens and 21 cases of breathalyser checks.

In the 43 cases relating to road deaths, eight contained no alcohol, six were less than 0.08%, seven between 0.08 and 0.15%, 18 were from 0.15 to 0.30% and four exceeded 0.30%.

With the 16 "driving under the influence" samples, two were less than 0.80% (one nil), one was between 0.08 and 0.15%, the other 13 exceeded 0.15%.

In the samples submitted for comparison purposes, agreement between the blood alcohol analysis and the breathalyser results was good.

Waters and Corrosion Problems.

Samples of fluoride check analyses numbered 137 of the 621 waters examined. The previous very good agreement between the control results and laboratory checks was maintained during the year.

Of the remaining 484 samples, the public submitted 134, Government Departments forwarded 98, there were 93 from the Metropolitan Water Board, and the Hydro-Electric Commission sent in 70.

All but nine of the remainder were submitted by Local Authorities, the Inland Fisheries Commission and the Rivers and Water Supply Commission.

The majority of samples submitted by the public were from primary producers seeking suitable supplies for stock, irrigation or domestic purposes following several seasons of low rainfall. Generally, most of the waters were suitable for the intended purpose, but bore waters frequently were too saline for domestic or irrigation purposes and could only be utilised for stock waters.

Most of the waters from Government Departments, Local Authorities, Metropolitan Water Board and the Rivers and Water Supply Commission related to present or proposed public supplies, although some related to corrosion or pollution problems.

Waters from the Hydro-Electric Commission were predominantly concerned with possible corrosion problems in proposed power station installations and allied works.

Sewage and effluent samples principally stemmed from the Health Services Department, Local Authorities and the Hydro-Electric Commission, while seepage samples were submitted mainly by Local Authorities.

Miscellaneous.

Fuel oils for the Transport Department, drugs and medicines from the Supply and Tender Central Medical Store, corrosion products, building materials and samples not classifiable under other headings comprise the balance of the samples submitted.

ST. JOHN'S PARK HOSPITAL*Geriatric Training School.*

During the year 145 students passed through the school. In the First Year examination 56 students passed, in the Second Year four students passed, and in the Third Year six candidates were successful. In addition, seven candidates sat for the State Final Geriatric examination held in July 1966, and five of these passed. Two general trained nurses sat for the Post-Graduate (Geriatric) course and both were successful.

There is a growing appreciation of the problems of the aged in the community and the establishment of the Geriatric Training School at St. John's Park should prove very beneficial.

St. John's Park Holiday Home for the Aged.

The Holiday Home has been occupied continuously during the year and 177 males and 86 females spent a holiday at Carlton. This holiday away from the Hospital environment is eagerly looked forward to by the patients and is proving most beneficial to both their health and outlook.

Five additional chalets, sun dining room, staff residence, bathroom block and toilets were completed during the year.

Bowling Green.

The Bowling Green and Club House were officially opened in Saturday, 17 September 1966, before a gathering of over 200 persons, including many patients and representatives of all bowling clubs in Southern Tasmania.

Because of generous donations of clothing (consisting of white trousers, white shirt, bowling shoes, hat and blazer) from members of the bowling fraternity, it has been possible to clothe each patient in the regulation bowling attire.

In addition to mid-week games, approximately 30 patients enjoy Saturday afternoon games when they are entertained with afternoon tea as guests of the St. John's Park Bowls Club.

The establishment of the St. John's Park Bowls Club has brought the staff and patients closer together. It is very refreshing to see both relaxing in happy fellowship and competition on the bowling green.

Physiotherapy Services.

The physiotherapy department at the Women's Division now occupies new quarters in the extensions to the Bruce Carruthers Wing where modern facilities have been provided.

Occupational Therapy and Handcraft.

The patients are still continuing to take an interest in occupational therapy and handcraft work and several were awarded prizes in the handcraft section at the last Royal Hobart Show.

Social Activities and Amenities Provided for Patients.

Many outings were arranged for the patients to the country, mountains and seaside, and thanks are due to the various organisations who assisted in this work.

The 15-seater bus purchased during the year is proving a wonderful asset as far as the patients are concerned. The vehicle has provision for five wheel chairs and these can be arranged so that the occupants enjoy an uninterrupted view. The bus has already taken parties to Carlton, Port Arthur, New Norfolk, Orford and the Huon Valley and other places of interest.

The picnic provided annually by the male nursing staff for the male patients was cancelled this year on account of the bush fires.

Sixty and Over Club.

The activities of the St. John's Park 60 and Over Club continue to expand and at the end of the year there were 146 financial members. During the year members visited the Hobart 60 and Over Club, the Lindisfarne 60 and Over Club, the New Norfolk 50 and Over Club and the Moonah 60 and Over Club, and in turn entertained members of these various clubs in the sunrooms at St. John's Park.

The members are still most appreciative of the amenities provided for them and it is gratifying to see both male and female patients meeting daily with their relatives in the sunrooms away from the environment of the hospital wards. The hot evening meal provided once a week still continues to be most popular and attendances of up to 70 and 80 are still being recorded. In addition to the visits from kindred associations, members have been entertained by three local brass bands and many outside organisations and artists. Monthly church services are conducted in the sunrooms for all patients.

Building Operations.

The two additional floors to the Bruce Carruthers Wing were completed and occupied and so also was the new store which was constructed over the main kitchen.

Day Centre.

Following the occupation of the Bruce Carruthers Wing, Ward 4, old Women's Hospital, was vacated and conversion of this area to a day centre is proceeding.

Future Planning.

The completion of the Bruce Carruthers Wing has provided urgently needed accommodation for female patients. A new male hospital block, extensions to the Geriatric Training School and Chapel are still required.

February Bush Fires.

During the February bush fires many areas of grass at St. John's Park were destroyed. Because of the alertness of the St. John's Park Fire Brigade and other staff members, fires were prevented from reaching the buildings, thus averting a tragedy which could easily have occurred amongst a community of so many aged and helpless people.

St. John's Park admitted 25 fire victims. Free lunches and fellowship was provided daily for many distressed persons who had lost everything in the fires.

Central Fire Alarm.

The central fire alarm system has now been connected to all the buildings with the exception of the Bruce Carruthers Wing.

Religion.

During the year the spiritual welfare of the patients was given every attention by members of the various denominations. My thanks are extended to all persons who have helped in the spiritual comfort of the patients. Special mention must be made of Canon G. Latta, Reverend S. G. Allison, Reverend Father P. Nicholls, and Reverend Lawton, who have been continuous visitors.

Appreciation.

During the past year much enjoyment has been provided for the patients by the St. John's Park Kiosk Auxiliary, the Hobart and Moonah 60 and Over Clubs, the Lindisfarne 60 and Over Club and the New Norfolk 50 and Over Club, the Country Women's Association, the Red Cross Society, the Church of England Mothers' Club, the Salvation Army, Hobart, and the R.S.L. Hospital Visiting Committee. Much pleasure was given by the Returned Soldiers' Memorial Band, the Hobart City Band and the Salvation Army Band. My sincere thanks are due to these organisations for their valuable contribution in making the lives of the residents a little happier.

Too much praise cannot be given to the St. John's Park Kiosk Auxiliary for their splendid work throughout the year and their donations of equipment are most acceptable.

CONSULTANT IN PREVENTIVE DENTISTRY

During the year the Consultant addressed several public meetings and attended meetings of the Statutory Fluoridation Committee. Lectures and practical demonstrations in preventive dentistry and fluoridation were given to student school dental nurses.

The Consultant visited Sydney to meet with dental and medical authorities in relation to the provision of exhibits and witnesses before the Royal Commission into Fluoridation. Similar meetings took place in Melbourne during the 18th Dental Congress, which was attended by the Consultant.

The Consultant appeared before the Royal Commission into Fluoridation, prepared evidence and carried out research at the request of the Commissioner and others. He gave film and slide demonstrations and attended at Beaconsfield with the Commission.

Fluoride is now included in the water supplies for Hobart City, Launceston City and the Municipality of Beaconsfield (West Tamar Water Supply).

THE HANDICAPPED CHILDREN'S ADVISORY COUNCIL

The Council met once during the year to recommend the renewal of annual subsidies paid to the Retarded Children's Welfare Associations at Devonport and Hobart.

STAFF

It is with deep regret that I record the death of Mr. C. P. Hamilton, who was the Senior Nursing Tutor at the St. John's Park Hospital Geriatric Training School. Mr. Hamilton prepared the curriculum of the Geriatric Training Course and was responsible for the inauguration of the first Geriatric Nursing Training School in Australia.

I express my personal thanks to the Director of Public Health (Dr. H. M. L. Murray) and to the Director of Psychiatric Services (Dr. J. R. V. Foxton), for the able way in which they carried out their duties.

During 16 years with the Department in the Division of Public Health, Dr. Murray contributed many things to the welfare of Tasmania. Among these were his insistence on safety standards in places of assembly and public entertainment; the first Sabin oral poliomyelitis vaccine campaigns in Australia; the introduction of fluoridation of water; provision of better water and sewerage; research on control of goitre; the fostering of child health generally and the encouragement of occupational health measures.

Following Dr. Murray's retirement, Dr. A. D. Ross was appointed Director of Public Health.

Dr. J. R. V. Foxton had a long association with psychiatric services in Tasmania and we are indebted to him for the many advances made in Psychiatry during his period in office.

Dr. T. H. G. Dick was appointed as Director of Psychiatric Services when Dr. Foxton resigned to take up an appointment with the Commonwealth Repatriation Department in Sydney.

Once again I draw your attention to the excellent work carried out by all officers of the Department during the year. My sincere thanks are due to all Directors, senior officers and staff for their loyal co-operation and conscientious application to duty. In particular, I commend the officers of the Department who, in the February fire emergency, prevented fires from reaching buildings at the Tasmanian Chest Hospital, St. John's Park Hospital, Lachlan Park Hospital, and Millbrook Rise. Their efforts averted large-scale tragedies which might otherwise have occurred at each of these localities. I also commend those officers who gave their services so freely during this crisis,

To those officers who left the Department during the year I wish to express my best wishes for their future and also wish to welcome those officers who joined the Department during the year.

JOHN EDIS, F.R.C.O.G. (Lond.), M.R.C.S.
(Eng.), L.R.C.P. (Lond.), F.H.A.
Director-General of Health Services.

APPENDIX

STATISTICAL TABLES

For year ended 30 June 1967.

	Table No.
International Classification of Diseases, Injuries, Pregnancies, Births and Causes of Diseases, W.H.O. List A	1
Cause of Injury, A.E. Code, and Nature of Injury, A.N. Code	2
I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to Hospital	3
Duration of Hospitalisation and number of deaths in accident cases	4
Public Hospital Statistics	5-7
District Medical Service—Attendances	8
District Nursing Division—Work Performed	9
St. John's Park Hospital Statistics	10
Notifiable Infectious Diseases according to Municipalities	11
Venereal Diseases—Age and Sex Distribution	12
Monthly Notification of Notifiable Diseases	13
Division of Tuberculosis Statistics	14-21
Lachlan Park Hospital Statistics	22-25
Millbrook Rise Statistics	26-27
School Dental Health Service—Work Summary	28
School of Dental Nursing—Work Summary	29

TABLE 1.
International Classification of Diseases, Injuries, Pregnancies, Births and Causes of Death
For the Year Ended 30.6.67—W.H.O. List A.
Intermediate List of (150 Groups of) Diseases.

TABLE 1—*continued.*

TABLE 1—*continued.*

Cause Groups	Age Groups												R.T.	
	Patients						Disposal							
	Under 1		1-4		5-9		10-19		20-44		45 Plus			
M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
(a) A Code—														
A 103 Intestinal obstruction and hernia	445	213	658	18	3	41	17	32	10	22	5	95	60	
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn	169	245	414	32	49	44	56	12	12	17	13	35	34	
A 105 Cirrhosis of liver	15	6	21	..	..	..	..	1	1	1	1	10	9
A 106 Cholelithiasis and cholecystitis	313	435	620	20	20	27	20	16	24	1	1	32	133	
A 107 Other diseases of digestive system	326	294	620	..	..	1	2	7	6	37	38	98	63
A 108 Acute nephritis	21	19	40	..	..	1	1	1	2	4	4	5	4
A 109 Chronic, other and unspecified nephritis	30	32	62	..	..	1	1	2	2	5	4	11	9
A 110 Infections of kidney	44	146	190	..	..	1	6	3	2	4	37	53	29
A 111 Caledi of urinary system	100	27	127	..	..	..	..	2	2	2	30	15	68
A 112 Hyperplasia of prostate	163	..	..	..	..	..	..	..	..	..	..	160	157
A 113 Diseases of breast	5	37	42	..	..	..	..	..	..	2	5	1	17
A 114 Other diseases of genito-urinary system	..	..	..	..	..	..	..	..	..	2	5	17	2
A 115 Sepsis of pregnancy, childbirth and the puerperium	321	1,190	1,511	13	2	41	15	29	18	43	156	69	592	
A 116 Toxaemias of pregnancy and the puerperium	..	..	..	..	..	..	..	..	..	..	..	..	..
A 117 Haemorrhage of pregnancy and childbirth	..	..	299	..	..	..	..	..	..	..	..	..	..
A 118 Abortion without mention of sepsis or toxæmia	..	..	151	151	..	..	..	..	..	..	..	..	..
A 119 Abortion with sepsis	..	..	..	13	13	..	..	..	..	..	..	..	..
A 120 Other complications of pregnancy, childbirth and the puerperium	..	..	1,170	1,170	..	..	..	..	..	..	..	..	..
A 121 Infections of skin and subcutaneous tissue	242	207	449	14	8	28	20	25	15	50	30	66	59	
A 122 Arthritis and spondylitis	105	117	222	..	..	..	..	..	..	..	..	..	..
A 123 Muscular rheumatism and rheumatism unspecifed	27	20	47	..	..	..	..	..	..	..	..	..	..
A 124 Osteomyelitis and periostitis	32	21	53	1	..	..	..	..	..	..	..	..	..
A 125 Ankylosis and acquired musculoskeletal deformities	90	119	209	7	5	4	5	4	1	17	35	18	23	
A 126 All other diseases of skin and musculoskeletal system	431	350	781	6	5	7	15	22	18	65	61	171	100	
A 127 Spina bifida and meningocele	5	4	9	3	..	..	..	1	5	5	12	7	6
A 128 Congenital malformations of circulatory system	20	21	41	9	6	3	3	2	2	4	1	1	..	
A 129 All other congenital malformations	158	87	245	38	27	23	22	39	8	41	11	15	11	
A 130 Birth injuries	14	6	20	14	6	..	..	..	..	..	..	..	..
A 131 Postnatal asphyxia and atelectasis	7	10	17	7	10	..	..	..	..	..	..	..	..
A 132 Infection of the newborn	14	10	24	14	10	..	..	..	..	..	..	..	..
A 133 Haemolytic disease of newborn	10	6	16	10	6	..	..	..	..	..	..	..	..
A 134 All other defined diseases of early infancy	33	24	57	28	22	4	1	1	..	..	..	..	..
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unqualified	94	74	168	84	69	7	2	1	3	2	..	..	..
A 136 Senility without mention of psychosis	29	43	72	..	..	..	..	..	..	..	..	..	..
A 137 Ill-defined and unknown causes of morbidity and mortality	810	810	1,620	24	15	48	45	74	58	129	183	222	313	
(b) CLASSIFICATION OF NATURE OF INJURY (ACCIDENTS, POISONINGS, VIOLENCE, &c.)														
Cause Groups														
AN 138 Fracture of skull	64	308	1	2	18	4	20	5	77	20	89	21	235	
AN 139 Fracture of spine and trunk	51	190	..	..	3	3	3	1	25	9	61	12	139
AN 140 Fracture of limbs	440	1,140	1	1	38	19	89	57	179	56	220	45	256	
AN 141 Dislocation without fracture	35	120	..	..	..	1	6	6	20	5	46	13	173
AN 142 Sprains and strains of joints and adjacent muscles	83	34	117	..	..	2	47	25	52	1	13	11	90
AN 143 Head injury (excluding fracture)	504	194	698	..	..	3	3	..	31	169	75	20	16
AN 144 Internal injury of chest, abdomen, and pelvis	88	21	109	1	..	2	49	5	41	9	11	7	82	
AN 145 Laceration and open wounds	..	594	192	..	..	..	..	..	130	45	16	14	622

TABLE 1—*continued.*

Cause Groups	Age Groups												Disposition											
	Patients				Under 1		1-4		5-9		10-19		20-44		45 Plus		Improved		Unchanged		Died			
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	R.	R.T.	
AN 146 Superficial injury, contusion and crushing with intact skin surface	163	43	206	..	..	8	3	13	5	43	10	69	9	30	16	165	42	4	1	..	..	6	..
AN 147 Effects of foreign body entering through orifice	146	1	1	12	20	8	6	17	8	19	13	23	72	68	3	..	..	..	..	..
AN 148 Burns	75	71	115	..	..	44	30	11	63	30	12	48	79	31	209	107	12	9	..	..	13	4	
AN 149 Effects of poisons	364	2	..	55	4	3	12	40	..	..	32	31	140	202	12	13	2	2	7	..		
AN 150 All other and unspecified effects of external causes	152	..	..	13	5	7	6	33	11	51	19	22	16	134	51	6	7	..	..	15	1	
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS																								
Y Code—	5,435	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 01 Pregnancy—Normal delivery	5,435	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 00 Medical or special examination without complaint or finding indicating need of observation or medical care	
Y 04 Follow-up examination after operation, injury or disease without finding indicated need for further medical care	
Y 05 Carrier or suspected carrier of infective organisms without complaint or sickness	
Y 08 Healthy person accompanying sick relative	
Y 09 Other person without complaint or sickness	
Y 11 Admitted for cosmetic plastic surgery treatment	
Y 18 Fitting of a prosthetic device	
Y 20 Normal newborn baby—single birth	
Y 21 Immature newborn baby—single birth	
Y 22 Twin normal with mate liveborn	
Y 23 Twin normal with mate stillborn	
Y 24 Twin immature with mate liveborn	
Y 25 Twin immature with mate stillborn	
Y 26 Multiple born normal, mates all liveborn	
Y 27 Multiple born normal, one or more mates stillborn	
Y 28 Multiple born immature, mates all liveborn	
Y 29 Multiple born immature, one or more mates stillborn	
TOTALS	16,601	22,855	39,456	3,636	3,417	1,277	920	1,340	1,016	1,966	3,417	9,594	4,965	4,956	16,133	22,429	1,359	1,401	716	679	237	
A 66 Asthma only	92	84	176	1	..	12	3	6	7	11	18	23	21	39	35	119	134	2	2	4	1	85

LEGEND—R = The number of cases re-admitted for the same complaint.
 RT = The number of cases transferred to a second hospital for a complaint which has already resulted in a coded return from the first hospital.

TABLE 2.
(External) Causes of Injury (Accidents, Poisonings, Violence, &c.)
Year ended 30 June 1967.
A.E. Code.

Cause of Accident	Classification of Nature of Injury										Total								
	Cause Groups																		
	Fracture of skull		Fracture of spine and trunk		Fracture of limbs		Dislocation without fracture		Sprains and strains of joints and adjacent muscles		Head injury (excluding fracture)	Internal injury of chest, abdomen, and pelvis	Superficial injury, contusion and crushing etc.	Effects of foreign body entering body through orifice	Burns	Effects of poisons	All other and unspecified effects of head	Total	
AE 138 Motor vehicle accidents	124	97	233	19	12	344	40	182	69	2	1	..	41	1,164	
AE 139 Other transport accidents	16	3	30	1	..	33	8	6	5	..	..	..	5	107	
AE 140 Accidental poisoning	604	..	..	194	..	..	..	..	..	..	1	163	
AE 141 Accidental falls	48	..	41	38	..	..	..	48	..	..	27	1,181	
AE 142 Accidents caused by machinery	10	..	53	..	..	..	167	18	..	..	9	287	
AE 143 Accidents caused by fire and explosion of combustible materials	1	133
AE 144 Accidents caused by hot substance corrosive liquid, steam or radiation	180
AE 145 Accidents caused by firearms	57
AE 146 Accidents caused by drowning and submersion	8
AE 147 All other accidental causes	1,190
AE 148 Suicide and self inflicted injury	194
AE 149 Homicide and injuries purposely inflicted by other persons (not in war)	1
AE 150 Injuries resulting from operations of war	37
Re-admissions	334
Total including re-admissions	337	208	1,288	130	123	714	119	837	212	146	351	371	200	5,036	
Total excluding re-admissions	308	190	1,140	120	117	698	109	786	206	146	334	364	184	4,702	

TABLE 3.
The I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to Hospitals in Tasmania for the Year ended 30 June 1967.

TABLE 3.
The I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to Hospitals in Tasmania for the Year ended 30 June 1967.

TABLE 4.
Duration of Hospitalisation and number of Deaths in Accident Cases in Tasmania (including Re-admissions)
for the Year ended 30 June 1967.

Nature of Injury	DAYS										No. of Deaths			
	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61 and over	Total Cases
AN 138 Fracture of skull	181	79	29	18	8	5	4	2	2	1	2	3	5	337
AN 139 Fracture of spine and trunk	67	40	29	13	13	7	8	10	8	3	2	1	7	208
AN 140 Fracture of limbs	589	207	93	61	50	33	29	26	16	26	16	12	130	1,288
AN 141 Dislocation without fracture	64	20	18	5	4	9	1	..	2	1	..	..	6	130
AN 142 Sprains and strains of joints and adjacent muscles	68	21	15	7	3	2	2	2	2	1	1	1	..	123
AN 143 Head injury (excluding fractures)	600	62	28	9	2	2	1	1	1	1	1	1	..	714
AN 144 Internal injury of chest abdomen and pelvis	53	27	17	8	4	3	3	1	1	1	1	1	..	119
AN 145 Lacerations and open wounds	567	130	58	34	16	7	4	4	4	4	2	1	5	837
AN 146 Superficial injury, contusion and crushing with intact skin surface	160	31	10	6	2	1	..	1	..	..	1	..	..	212
AN 147 Effects of foreign body entering through orifice	127	10	5	1	1	1	1	1	1	1	1	1	..	146
AN 148 Burns	124	56	62	23	13	22	4	14	7	4	3	8	11	351
AN 149 Effects of poisons	285	53	16	8	3	2	1	1	1	..	1	1	1	14
AN 150 All other and unspecified effects of external causes	127	32	14	11	4	4	1	1	1	..	1	4	4	371
TOTAL	..	..	..	..	..	..	..	..	..	..	..	..	..	200
	3,012	768	394	204	123	97	56	45	39	25	31	177	5,036	103

TABLE 5.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &c., for Year ended 30 June 1967.

No.	Hospital	Daily Average of Occupied Beds	Balances at 1 July 1966		MAINTENANCE RECEIPTS						No.	MAINTENANCE PAYMENTS (NET)								Balance at 30 June 1967		In-Patients' Cost		Out-Patients' Cost		No.	
					Commonwealth Hospital Benefits	State Grant	In-Patient Fees	Out-Patient Fees	Sundries Donations, Interest, Rent, Misc. Receipts	Total Receipts		Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Admin. and Misc.	Repairs	Total Maintenance Payments	Special Expenditure	Total Payments	Debit	Credit	Per Daily Occupied Bed	Per Patient			
			Debit	Credit																							
1	GENERAL HOSPITALS:		\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
2	Royal Hobart ..	386.56	..	5,623	181,710	2,134,560	670,166	97,088	3,993	3,087,517	1	1,978,349	200,662	258,327	435,026	118,830	77,374	3,068,568	24,347	3,092,915	..	225	18.15	223.36	2.76	7.98	1
3	Launceston General ..	274.80	..	1,798	179,923	1,230,833	469,388	39,848	4,790	1,917,782	2	1,261,051	120,122	104,424	245,372	115,436	40,974	1,886,979	30,635	1,917,614	..	1,966	16.51	208.39	2.13	10.07	2
4	Mersey, Latrobe ..	120.87	..	15	76,402	777,300	198,952	21,213	3,640	1,077,507	3	713,050	82,062	66,768	79,610	56,732	25,144	1,023,366	27,684	1,051,050	..	26,472	21.22	286.96	2.72	4.84	3
	*North-Western General ..	103.91	214	..	37,509	620,425	247,244	41,475	3,956	950,609	4	653,190	51,895	77,273	84,761	48,513	21,794	937,426	12,759	950,185	..	210	22.89	207.89	3.33	5.82	4
	TOTALS ..	886.14	214	7,436	468,544	4,763,118	1,585,750	199,624	16,379	7,033,415		4,605,640	454,741	506,392	844,769	339,511	165,286	6,916,339	95,425	7,011,764	..	28,873	18.62	224.25	2.59	7.69	
5	MATERNITY HOSPITALS:																										
6	Queen Victoria, Launceston ..	65.13	..	42	3,283	299,020	221,580	..	593	524,476	5	332,311	52,928	86,663	16,731	24,270	11,480	524,383	..	524,383	..	135	21.78	197.67	2.53	13.31	5
	Queen Alexandra, Hobart ..	44.40	..	2,286	1,618	86,086	163,457	..	279	251,440	6	166,251	28,565	9,110	7,799	8,105	248,184	..	5,542	15.24	152.99	..	1.56	..	..	..	6
	TOTALS ..	109.53	..	2,328	4,901	385,106	385,037	..	872	775,916		498,562	81,493	115,017	25,841	32,069	19,585	772,567	..	772,567	..	5,677	19.13	180.64	2.09	11.57	
7	DISTRICT HOSPITALS:																										
8	Beaconsfield ..	16.23	..	689	15,733	46,790	14,453	..	136	77,112	7	57,861	6,091	7,737	2,057	3,070	650	77,466	..	77,466	..	335	13.08	137.84	..	..	7
9	Campbell Town ..	11.87	..	385	6,093	48,462	23,347	..	290	78,192	8	50,443	6,124	9,467	2,190	3,568	4,229	76,021	..	76,021	..	2,556	17.54	117.68	..	..	8
10	Flinders ..	4.27	..	4	1,904	33,420	6,823	..	320	42,467	9	27,019	2,489	5,186	806	1,869	2,399	39,768	636	40,404	..	2,067	25.51	308.28	..	..	9
11	Huon, Franklin ..	18.22	56	..	12,480	64,160	28,913	..	330	105,883	10	74,329	8,624	9,436	6,881	4,972	1,612	105,855	..	105,855	28	..	15.92	176.43	..	..	10
12	King Island ..	6.77	..	283	3,530	52,120	12,429	..	76	68,155	11	43,264	5,435	8,343	1,488	15,044	4,434	68,008	372	68,380	..	58	25.54	197.28	1.63	2.53	11
13	Lyell, Queenstown ..	31.70	..	315	9,467	137,200	78,865	899	3,297	229,728	12	144,535	12,060	26,469	27,786	8,043	2,202	223,895	6,646	230,541	498	..	17.85	161.61	2.33	20.02	12
14	New Norfolk ..	17.32	..	1,246	7,706	75,260	36,896	..	94	119,956	13	85,264	7,800	15,087	5,416	4,955	1,468	119,990	270	120,260	..	942	18.98	160.20	..	13	13
15	N.E. Soldiers' Memorial, Scottsdale ..	18.59	720	..	11,054	70,013	39,342	..	3,836	124,245	14	81,556	8,780	11,601	8,056	4,788	4,163	118,944	214	119,158	..	4,367	17.53	145.05	..	14	14
16	Ouse ..	5.28	627	..	3,822	21,170	7,446	..	234	32,672	15	23,282	3,823	2,443	810	1,324	781	32,463	418	32,463	..	..	16.85	138.73	..	..	15
17	Rosebery ..	6.47	..	989	1,282	31,080	18,172	..	306	50,840	16	35,951	3,155	4,981	2,150	2,683	308	49,228	..	49,228	..	2,601	20.86	132.33	..	..	16
18	St. Marys ..	9.91	..	1,429	7,809	38,280	14,647	..	1,052	61,788	17	40,424	5,499	7,870	3,006	3,038	2,039	61,876	679	62,555	..	662	16.95	163.95	1.42	1.61	17
19	Smithton ..	16.77	..	39	8,617	61,674	32,572	..	114	102,977	18	72,842	8,424	9,301	3,202	5,675	3,226	102,670	337	103,007	..	9	16.77	162.71	..	..	18
20	Toosey Memorial, Longford ..	15.89	..	10	11,210	51,600	28,240	..	56	91,106	19	66,477	6,220	6,626	5,319	3,694	2,779	91,115	..	91,115	..	1	15.71	104.25	..	..	19
21	Ulverstone ..	28.26	..	38	18,870	113,200	46,978	..	426	179,474	20	121,845	11,786	21,026	6,052	8,453	3,445	172,607	6,9								

Public Hospitals for the Year ended 30 June 1967

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IN-PATIENTS																																OUT-PATIENTS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
No.	Hospital	Average Daily No.	BEDS AVAILABLE						Total Beds	NUMBER TREATED						Total In-Patients	BED DAYS						Total Daily Days	DAILY AVERAGE OF OCCUPIED BEDS						No.	AVERAGE LENGTH OF STAY—DAY						Bir. (Total Deliveries)	Number Persons Registered	Total Attendances	Avg. No. of Visits per Person Treated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
			Non-Public		Public					General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General	Maternity	Non-Public		Public				General

Amalgamation of Burnie and Spencer Hospitals.

† See Table

TABLE 7

GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30 JUNE 1967

No.	Hospital	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year	Bed-Days		
		General	Hospital	Total	General	Hospital	Total		Not Qualified for Hospital Benefits	Qualified for Hospital Benefits	Total
1	Cosgrove Park	100.34	133.71	234.05	140	134	274	337	36,623	48,804	85,427
2	St. John's Park	153.20	281.98	435.18	236	345	581	897	55,919	102,921	158,840
3	Spencer ..	9.67	23.75	33.42	10	25	35	45	3,530	8,667	12,197
	TOTALS ..	263.21	439.44	702.65	386	504	890	1,279	96,072	160,392	256,464

TABLE 8
DISTRICT MEDICAL SERVICE
Summary of Attendances for the Year Ended 30 June 1967

District Medical Officer	Total No. of Patients Attended	Sex		Diagnosis			Classification			Time of Examination			Place of Examination			Admit- ted to Hospital	Referred to Special- ist				
		M.	F.	Medical	Surgical	Ante- Natal	Public	Private	Workers', Compen- sation Cases	Old Age Pen- sioners	In Hours	Out of Hours	Holidays	Main Branch Surgery	X-Rays						
Cygnet ..	3,781	1,568	2,213	3,102	575	104	3,126	16	126	31	482	3,364	406	11	2,844	178	759	4,303	10	10	13
Esperance ..	6,969	2,867	4,102	5,714	1,099	156	6,254	112	210	45	348	6,541	364	64	3,213	1,917	1,839	10,141	34	13	39
Evandale ..	4,461	2,338	2,123	3,817	627	17	2,490	886	467	13	605	3,380	1,075	6	3,207	349	905	2,623	47	48	68
Flinders Is.	4,482	2,094	2,388	3,235	1,225	22	3,950	358	169	..	5	4,121	360	1	4,268	118	96	..	..	36	52
Glamorgan	5,265	2,075	3,190	4,290	699	276	4,722	..	63	135	345	4,958	307	..	2,314	1,999	952	13,818	22	12	47
Snug ..	7,969	3,887	4,082	6,387	1,568	14	5,255	359	288	522	1,545	6,447	65	65	5,337	1,526	1,106	5,136	5	37	171
King Is. ..	5,123	2,401	2,722	4,922	37	164	4,645	..	148	192	138	4,767	356	..	3,788	1,149	186	..	5	10	3
New Norfolk	666	410	256	403	259	4	618	16	24	..	8	522	135	9	663	..	3	111	5	1	4
Maydena ..	3,108	1,523	1,585	2,450	636	22	2,591	57	179	31	250	3,027	81	..	2,129	568	454	3,583	..	..	..
Portland ..	5,265	2,075	3,190	4,290	699	276	4,722	..	63	135	345	4,958	307	..	2,314	1,999	952	13,818	22	12	47
Penguin ..	8,847	4,184	4,663	7,903	934	10	6,824	1,022	24	197	780	7,768	925	154	8,097	282	498	5,659	78	20	121
Ringarooma	4,493	1,886	2,607	3,970	511	12	4,463	15	..	11	4	4,401	72	20	1,730	2,700	63	7,278	..	3	1
Tasman ..	4,900	2,103	2,797	4,178	585	137	4,314	43	..	45	498	4,859	16	25	3,052	1,272	576	8,590	..	..	..
Total ..	65,329	29,411	35,918	54,661	9,454	1,214	53,974	2,884	1,761	1,357	5,353	59,113	5,861	355	42,956	14,057	8,389	75,060	228	202	566

TABLE 9

SUMMARY OF WORK PERFORMED IN THE DISTRICT NURSING CENTRES
DURING YEAR ENDED 30 JUNE 1967

Name of Centre	Centre Bed Capacity	Visits to Centres	Visits to Patients	In-Patient Bed Days	Mater-nity Bed Days	Births	Foetal Deaths	Pre-Natal Visits	Child Health Visits	School Visits	Mileage
SOUTH—											
Allonah, Bruny Is.	2	957	1,084	..	..	..	..	29	433	..	2,803
Cygnet Health Cen.	5	2,780	9	450	57	5	..	4	13	..	..
*Dover	5	933	..	249	63	9	..	86	9	..	..
Dunalley .. ..	..	239	..	..	..	..	..	2	123	..	..
Koonya	5	2,475	..	263	133	16	..	40	232	..	2,497
Oatlands	3	910	1,811	..	..	..	..	3	258	..	5,227
Strahan .. ..	..	2,561	836	..	..	1	..	109	144	..	5,927
Swansea (May Shaw Memorial) ..	4	2,421	26	202	177	20	..	57	380	..	82
Triabunna	3	3,317	101	111	98	12	..	60	1,137	..	455
Total (9 centres)	27	16,593	3,867	1,275	528	63	..	390	2,729	..	16,991
NORTH—											
Avoca .. ..	..	2,963	174	..	..	..	..	18	324	25	238
†Cape Barren Island	1	740	133	16	..	..	..	34	22	..	204
George Town ..	11	65	..	604	556	60	..	60	40	..	..
Gladstone .. ..	..	1,661	358	..	..	..	..	21	477	2	3,714
Grassy, King Island	..	2,561	100	..	..	1	..	175	891	..	3,895
Lilydale .. ..	..	490	798	..	..	..	..	61	1,145	3	6,355
Mole Creek .. ..	..	1,187	108	..	..	..	..	..	382	..	948
Redpa .. ..	..	1,816	516	..	..	..	..	49	359	29	2,648
Ringarooma .. ..	..	1,972	322	..	..	..	..	19	453	..	1,507
Rossarden .. ..	..	5,931	3,621	..	..	..	..	603	890	..	4,421
St. Helens	6	620	99	291	162	18	..	142	227	9	104
Sheffield	5	..	..	573	569	70	..	..	..	..	..
Storeys Creek .. ..	..	2,329	684	..	..	..	..	119	239	..	3,911
Waratah .. ..	..	927	967	..	..	..	..	..	365	20	3,939
Westbury	3	13	..	346	343	47	1	..	..	..	..
Total (15 centres)	26	23,275	7,880	1,830	1,630	196	1	1,301	5,814	88	31,884
Grand Total (24 centres) ..	53	39,868	11,747	3,105	2,158	259	1	1,691	8,543	88	48,875

*Closed temporarily due to lack of staff 26.6.67.

†Closed during Annual Leave.

COMPARATIVE FIGURES FOR FIVE YEARS 1963-1967

1962-63: 25 centres	50	34,330	9,568	4,333	3,119	327	..	2,063	10,004	65	48,109
1963-64: 25 centres	49	37,205	9,684	3,698	2,446	302	..	2,250	9,707	88	45,557
1964-65: 25 centres	49	39,406	12,626	2,923	2,455	272	..	1,749	9,892	110	52,168
1965-66: 25 centres	47	40,749	13,257	2,856	2,397	257	..	1,534	7,479	116	51,352
1966-67: 24 centres	53	39,868	11,747	3,105	2,158	259	1	1,691	8,543	88	48,875

TABLE 10
ST. JOHN'S PARK HOSPITAL STATISTICS
FOR YEAR ENDED 30 JUNE 1967

NUMBER OF BEDS AVAILABLE

Women's Division ..	..	232 including 138 hospital beds
Male Division ..	..	317 including 175 hospital beds
	<hr/>	<hr/>
	549	313
	<hr/>	<hr/>

PATIENTS

Year	Number of Residents at Commencement of Year			Admitted			Discharged			Deaths			Remaining at End of Year			Average Daily Number
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
1965-66 ..	265	192	457	173	97	270	91	48	139	87	50	137	260	191	451	437.72
1966-67 ..	260	191	451	179	111	290	92	39	131	92	72	164	255	191	446	435.18

FINANCE

		\$	\$
Revenue—			
Commonwealth Hospital Benefits ..	..	200,592	204,800
State Aid (Net Cost) .. .. ..	..	631,899	730,104
Invalid and Old Age Pensions Contributions .. .. .. ..	..	55,576	55,045
War Service Pensions Contributions ..	..	9,828	8,052
Private Maintenance .. .. ..	..	37,284	43,360
Laundry Services .. .. ..	..	4,889	5,440
Sundries .. .. .. ..	..	4,132	5,200
		<hr/>	<hr/>
		944,200	1,052,001
Expenditure—			
Salaries .. .. .. ..	..	676,201	764,541
Light and Fuel .. .. ..	..	31,049	34,957
Provision, Medicines, etc. .. .. ..	..	130,992	143,488
Equipment, Stores, Uniforms and Maintenance .. .. ..	..	79,975	85,998
Sundries .. .. .. ..	..	25,983	23,017
		<hr/>	<hr/>
		944,200	1,052,001
Gross Daily Cost Per Inmate			
Gross Daily Cost Per Inmate ..	..	5.91	6.62
Net Daily Cost Per Inmate ..	..	3.96	4.60
Gross Weekly Cost Per Inmate ..	..	41.37	46.36
Net Weekly Cost Per Inmate ..	..	27.69	32.18

TABLE 11

NOTIFIED INFECTIOUS DISEASES IN EACH MUNICIPALITY DURING YEAR ENDED 30 JUNE 1967

Municipality	Rheumatic Fever	Nephritis	Ankylostomiasis	Bacillary Dysentery	Infantile Diarrhoea	Meningitis	Hydatids	Infectious Hepatitis	Encephalitis	Malaria	Puerperal Fever	Puerperal Pyrexia	Rubella	Scarlet Fever	Typhoid Fever (incl. Paratyphoid)	Tuberculosis	Total
Beaconsfield	2																44
Bothwell	1	1															11
Brighton																	3
Bruny																	..
Burnie																	4
Campbell Town	1																6
Circular Head																	10
Clarence																	143
Deloraine				1													3
Devonport																	8
Esperance	1																20
Evandale																	1
Fingal																	11
Flinders																	2
George Town																	8
Glamorgan																	..
Glenorchy	2	1															36
Gormanston																	..
Green Ponds																	2
Hamilton	2																14
Hobart	2																105
Huon																	57
Kentish																	5
Kingborough	1																54
King Island																	2
Latrobe																	1
Launceston	2	1															60
Lilydale	1																10
Longford																	9
New Norfolk																	101
Oatlands																	6
Penguin																	2
Port Cygnet																	9
Portland																	..
Queenstown	5																11
Richmond																	..
Ringarooma																	2
Ross																	1
Scottsdale	1																5
Sorell																	6
Spring Bay																	..
St. Leonards																	7
Strahan	1																3
Tasman																	3
Ulverstone																	14
Waratah																	..
Westbury																	22
Wynyard																	29
Zeehan																	8
Total ..	27	5	1	5	24	6	13	276	1	6	1	1	219	206	3	61	855

TABLE 12
RETURN SHOWING AGE AND SEX DISTRIBUTION OF CASES OF VENEREAL DISEASES NOTIFIED DURING YEAR ENDED 30 JUNE 1967

	Tubercular Diseases												Non-Tubercular Diseases												Grand Total	
	Tubercular Diseases						Non-Tubercular Diseases						Tubercular Diseases						Non-Tubercular Diseases						Grand Total	
	Tubercular Diseases			Non-Tubercular Diseases			Tubercular Diseases			Non-Tubercular Diseases			Tubercular Diseases			Non-Tubercular Diseases			Sex Not Stated		Grand Total					
	M	F	M	F	N/S	M	F	M	F	M	F	Grand Total	Total													
Gonorrhoea	1	1	1	69	10	2	52	6	4	21	2	1	4	1	7	2	2	1	158	25	7	190	1		
Primary Syphilis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1		
Secondary Syphilis	1		
Tertiary Syphilis	1	..	..	1	..	1	..	1	..	...	...	4			
Non-Specific Urethritis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1		
Totals ..	1	1	70	11	2	52	6	4	22	2	1	4	1	7	2	4	1	1	..	2	1	164	26	7	197	

TABLE 13

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES FOR YEAR ENDED 30 JUNE 1967

Month	Rheumatic Fever	Nephritis	Ankylostomiasis	Bacillary Dysentery	Infantile Diarrhoea	Meningitis	Hydatids	Infectious Hepatitis	Encephalitis	Malaria	Puerperal Fever	Puerperal Pyrexia	Rubella	Scarlet Fever	Typhoid Fever (incl. Paratyphoid)	Tuberculosis	Total
July ..	..	1	..	..	..	..	2	9	..	2	..	..	11	28	..	7	60
August ..	3	..	..	1	2	..	1	22	..	..	..	..	33	41	..	6	109
September ..	3	..	..	..	3	1	..	15	..	2	..	1	45	22	..	7	99
October ..	2	..	..	..	1	..	3	19	..	..	..	..	23	19	..	8	75
November ..	..	..	..	1	1	..	5	25	..	..	..	..	28	13	..	6	79
December ..	4	..	..	..	..	..	..	31	..	..	..	..	17	16	1	2	71
January ..	..	..	..	..	..	..	..	52	..	..	..	..	13	19	1	3	88
February ..	4	..	..	1	5	..	..	33	..	..	..	..	6	3	1	3	56
March ..	1	..	..	2	2	..	11	..	1	..	..	..	9	9	..	4	39
April ..	3	1	..	..	..	1	..	9	..	..	..	..	4	13	..	3	34
May ..	1	..	..	..	6	2	..	30	..	1	..	..	22	11	..	5	78
June ..	6	3	1	..	4	2	2	20	1	1	..	..	8	12	..	7	67
Total ..	27	5	1	5	24	6	13	276	1	6	1	1	219	206	3	61	855

TABLE 14

CLASSIFICATION OF NEW TUBERCULOSIS CASES ACCORDING TO SEX AND FORM OF DISEASE FOR THE YEAR ENDED 30 JUNE 1967

		Males	% of Total	Females	% of Total	Total Cases
Pulmonary Tuberculosis ..	..	36	62.1	13	22.4	49
Tuberculosis Pleural Effusion ..	..	..	..	..	..	..
Primary Tuberculosis ..	..	1	1.7	1	1.7	2
Tuberculosis Meningitis ..	..	..	..	..	..	..
Other Non-Pulmonary Cases ..	..	3	5.2	4	6.9	7
Totals ..	..	40	69.0	18	31.0	58
						100%

TABLE 15

CLASSIFICATION OF PULMONARY CASES ACCORDING TO AGE, SEX, STAGE OF DISEASE, AND POSITIVE BACTERIOLOGY AT TIME OF NOTIFICATION

For the Year Ended 30 June, 1967

Age Group	MALES				FEMALES				PERSONS				Total Positive Cases
	Min.	Mod.	Adv.	Positive Cases	Min.	Mod.	Adv.	Positive Cases	Min.	Mod.	Adv.	Total Persons	
0- 4 ..	..	..	..	1	1	..	..	..	..	..	1	1	1
5- 9 ..	..	..	..	..	..	..	..	..	..	..	..	..	..
10-14 ..	1	..	..	..	..	..	..	..	1	..	..	1	..
15-19 ..	1	..	..	1	..	1	..	..	1	1	..	2	1
20-24 ..	1	3	..	2	..	3	..	2	1	6	..	7	4
25-29 ..	1	..	..	..	..	..	..	..	1	..	..	1	..
30-34 ..	..	..	..	..	1	1	1	1	..	1	1	2	1
35-39 ..	1	1	..	1	..	1	..	..	1	2	..	3	1
40-44 ..	1	2	..	..	1	..	..	..	1	3	..	4	..
45-49 ..	..	2	1	1	..	..	..	..	..	2	1	3	1
50-54 ..	1	1	1	1	..	..	..	..	1	1	1	3	1
55-59 ..	1	5	2	6	..	1	1	1	1	6	3	10	7
60-64 ..	..	3	..	2	..	..	..	..	..	3	..	3	2
65-69 ..	..	1	..	1	..	..	..	..	..	2	..	2	1
70-74 ..	..	1	1	2	..	..	..	..	..	1	1	2	2
75 and over ..	..	3	..	..	2	..	..	2	..	5	..	5	2
Totals ..	8	22	6	18	Nil	11	2	6	8	33	8	49	24
Percentage ..	22.2	61.1	16.7	50.0	Nil	84.6	15.4	46.1	16.3	67.4	16.3	..	49.0

Males 36 = 73.5%

Females 13 = 26.5%

TABLE 16

CLASSIFICATION OF PRIMARY TUBERCULOSIS, TUBERCULOUS PLEURAL EFFUSION, AND OTHER NON-PULMONARY CASES ACCORDING TO AGE AND SEX.

For Year Ended 30 June 1967

Age Group	MALES				FEMALES				PERSONS			
	Primary	Tuber-culous Pleural Effusion	Non-Pulmon-ary	Total	Primary	Tuber-culous Pleural Effusion	Non-Pulmon-ary	Total	Primary	Tuber-culous Pleural Effusion	Non-Pulmon-ary	Total
0-4 ..	1	..	..	1	1	..	..	1	2	..	..	2
5-9
10-14
15-19
20-24	1	1	..	..	1	1
25-29
30-34	1	1	..	..	..	..	..	..	1	1
35-39	1	1	..	..	1	1	..	..	2	2
40-44
45-49
50-54
55-59	1	1	..	..	..	..	..	..	1	1
60-64
65-69	1	1	..	..	1	1
70-74
75 and Over	1	1	..	..	1	1
TOTAL	1	..	3	4	1	..	4	5	2	..	7	9

TABLE 17

SOURCE OF NOTIFICATION OF TUBERCULOSIS CASES
For Year Ended 30 June 1967

Source	Pulmonary	Primary	Pleural Effusion	Non-Pulmonary	Total
Mass X-ray Service ..	29	..	..	..	29
Chest Clinics ..	3	1	..	..	4
Chest Clinics (contacts) ..	2	..	..	..	2
Public Hospitals ..	11	1	..	5	17
Government Medical Officer 1	..	..	..	..	1
Private Physicians ..	2	..	..	2	4
Death Certificate ..	1	..	..	..	1
TOTALS ..	49	2	..	7	58

TABLE 18

MUNICIPALITIES FROM WHICH TUBERCULOSIS CASES
WERE NOTIFIED

For Year Ended 30 June 1967

Municipality	No. of Cases
Beaconsfield
Bothwell
Brighton
Bruny Island
Burnie
Campbell Town
Circular Head
Clarence
Deloraine
Devonport
Esperance
Evandale
Fingal
Flinders
George Town
Glamorgan
Glenorchy
Gormanston
Green Ponds
Hamilton
Hobart
Huon
Kentish
Kingborough
King Island
Latrobe
Launceston
Lilydale
Longford
New Norfolk
Oatlands
Penguin
Port Cygnet
Portland
Queenstown
Richmond
Ringarooma
Ross
Scottsdale
Sorell
Spring Bay
St. Leonards
Strahan
Table Cape
Tasman
Ulverstone
Waratah
Westbury
Zeehan
	58

TABLE 19

DEATHS WITH TUBERCULOSIS THE MAIN OR THE
CONTRIBUTING CAUSE OF DEATH

For Year Ended 30 June 1967

Age	Males	Females	Totals
40 ..	..	1	1
53 ..	1	..	1
55 ..	..	1	1
58 ..	1	..	1
60 ..	1	..	1
61 ..	2	..	2
68 ..	..	1	1
79 ..	1	..	1
82 ..	1	..	1
TOTAL ..	7	3	10

TABLE 20
CHEST CLINICS
New Registrations and Re-attendances for Year Ended 30 June 1967

New Registrations	Hobart Chest Clinic	Launceston Chest Clinic	Devonport Chest Clinic	Burnie Chest Clinic	Totals
Pulmonary Cases	45	22	9	15	91
Non-Pulmonary Cases	3	..	..	..	3
Observation Cases	128	79	97	64	368
Epidemiological Cases	2	..	..	..	2
Case Contacts	136	224	48	194	602
TOTAL NEW REGISTRATIONS ..	314	325	154	273	1,066
Re-Attendances	5,725	4,172	994	1,377	12,268
TOTAL ATTENDANCES ..	6,039	4,497	1,148	1,650	13,334

Epidemiological Surveys

Clinic	No. Tested	No. Read	Negative	Positive	
				Natural	After B.C.G.
Hobart Chest Clinic	1,487	1,487	1,464	5	18
Launceston Chest Clinic	1,219	1,185	1,162	7	16
Devonport Chest Clinic	233	233	231	1	1
Burnie Chest Clinic	167	166	165	1	..
Totals	3,106	3,071	3,022	14 = 0.45%	35

TABLE 21
DIVISION OF TUBERCULOSIS—MASS X-RAY
For Year Ended 30 June 1967

		Hobart	Launceston	Mobile	Total
1. Total number of miniature films .. ..	.. ..	30,166	17,665	40,065	87,896
Large films taken .. ..	.. ..	1,264	299	1,034	2,597
Number referred for further investigation to—					
(i) Chest Clinic .. ..	.. ..	100	51	117	268
(ii) Private Practitioner .. ..	.. ..	124	30	80	234
2. Diagnosis made—					
(a) Active tuberculosis—					
(i) Minimal .. ..	.. ..	1	1	1	29
(ii) Moderately advanced .. ..	.. ..	6	2	13	
(iii) Advanced .. ..	.. ..	1	..	4	
(b) Inactive tuberculosis .. ..	.. ..	18	4	9	31
(c) Still under observation .. ..	.. ..	126	48	105	279
3. Other abnormalities discovered—					
Pneumonitis (Non-Tb.) .. ..	.. ..	15	2	6	23
Pneumothorax .. ..	.. ..	1	..	1	2
Silicosis .. ..	.. ..	1	..	1	2
Bronchiectasis .. ..	.. ..	3	2	5	10
Emphysema .. ..	.. ..	8	12	8	28
Bronchitis .. ..	.. ..	7	5	..	12
Bronchial Carcinoma .. ..	.. ..	13	3	6	22
Secondary Carcinoma .. ..	.. ..	4	..	2	6
Sarcoidosis .. ..	.. ..	5	5	5	15
Cystic Disease .. ..	.. ..	1	..	..	1
Hydatid .. ..	.. ..	1	1	1	3
Diaphragmatic .. ..	.. ..	12	5	6	23
Pleural thickening, or adhesions .. ..	.. ..	17	4	10	31
Thyroid .. ..	.. ..	6	1	..	7
Fibrosis? .. ..	.. ..	8	4	12	24
Calcification? Cause .. ..	.. ..	27	19	26	72
Cardiac .. ..	.. ..	13	2	18	33

TABLE 22
LACHLAN PARK HOSPITAL
Admissions, Re-admissions, Discharges and Deaths for Year Ended 30 June 1967

	Males	Females	Total	Males	Females	Total
In Hospital on 30 June 1966	..	..	..	426	455	881
Admitted for the first time	259	213	472	..	..	..
Re-admitted	258	210	468	..	..	..
Returned from leave	38	25	63	..	..	..
Total admitted and returned	..	..	..	555	448	1,003
Total under care during year	..	..	..	981	903	1,884
Discharged from Hospital	448	380	828	..	..	..
Proceeded on leave	52	32	84	..	..	..
Died	28	44	72	..	..	..
Total off Records	..	..	..	528	456	984
Remaining in Hospital as at 30 June 1967	..	..	..	453	447	900

TABLE 23
LACHLAN PARK HOSPITAL
Diagnosis of Mental Disorder (including I.C.D. Classification) on Admission during 1966-67 and the Diagnosis of Mental Disorder of Patients in Hospital on 30 June 1967

I.C.D. No.	Mental Disorder	Admissions			Remaining in Hospital		
		Males	Females	Total	Males	Females	Total
290	<i>Senile and Pre-senile Dementia</i>						
.0	Senile Dementia	..	..	..	17	39	56
.1	Pre-senile dementia	..	..	..	2	5	7
291	<i>Alcoholic Psychosis</i>						
.0	Delirium Tremens	..	..	..	3	..	3
.1	Korsakov's Psychosis (Alcoholic)	..	..	..	5	3	8
.2	Other alcoholic hallucinosis	..	..	..	4	..	4
.3	Alcoholic paranoia	..	..	..	1	..	1
.9	Other and unspecified	..	..	..	15	3	18
292	<i>Psychosis associated with intracranial infection</i>						
.0	With general paralysis	..	..	..	..	..	..
.1	With other syphilis of central nervous system	..	..	..	..	..	..
.2	With epidemic encephalitis	..	..	..	..	..	..
293	<i>Psychosis associated with other cerebral condition</i>						
.0	With cerebral arteriosclerosis	..	..	..	2	1	3
.2	With epilepsy	..	..	..	7	..	7
.3	With intracranial neoplasm	..	..	..	1	..	1
.4	With degenerative diseases of central nervous system	..	..	..	..	..	..
.5	With brain trauma	..	..	..	..	..	..
294	<i>Psychosis associated with other physical condition</i>						
.1	With metabolic and nutritional disorders	..	..	..	1	..	..
.3	With drug or poison intoxication except as in 291	..	..	..	1	..	1
.4	With childbirth	..	..	..	..	..	..
295	<i>Schizophrenia</i>						
.0	Simple type	..	..	..	21	36	57
.1	Hebephrenic type	..	..	..	6	9	15
.2	Catatonic type	..	..	..	10	9	19
.3	Paranoid type	..	..	..	44	46	90
.4	Acute schizophrenic episode (excludes schizophrenia of the types listed above)	..	..	..	4	4	8
.5	Latent schizophrenia	..	..	..	..	..	..
.6	Residual schizophrenia	..	..	..	12	..	12
.7	Schizo-affective disorder	..	..	..	6	..	6
.8	Other	..	..	..	1	1	2
.9	Unspecified	..	..	..	2	1	3
296	<i>Affective Psychoses</i>						
.0	Involutional melancholia	..	..	..	7	5	12
.1	Manic-depressive psychosis, manic type	..	..	..	8	21	29
.2	Manic depressive psychosis, depressed type includes Endogenous depression	..	..	..	6	20	26
.3	Manic depressive psychosis, circular type	..	..	..	6	5	11
.8	Other affective disorder Nos.	..	..	..	..	..	..
297	<i>Paranoid States</i>						
.0	Paranoia	..	..	..	1	1	2
.1	Involutional paraphrenia	..	..	..	5	1	6
.9	Other	..	..	..	..	..	..

TABLE 23—*continued*

I.C.D. No.	Mental Disorder	Admissions			Remaining in Hospital		
		Males	Females	Total	Males	Females	Total
928	<i>Other Psychoses</i>						
.0	Reactive depressive psychosis ..	2	..	2	..	..	..
.9	Reactive psychosis, unspecified ..	..	2	2	..	..	..
299	<i>Unspecified psychosis</i> ..	..	..	..	1	..	1
300	<i>Neuroses</i>						
.0	Anxiety neurosis ..	7	18	25	..	1	1
.1	Hysterical neurosis ..	..	9	9	..	..	..
.2	Phobic neurosis ..	1	1	2	..	..	..
.3	Obsessive compulsive neurosis ..	2	8	10	2	1	3
.4	Depressive neurosis ..	9	18	27	..	4	4
.5	Neurasthenia ..	..	1	1	..	..	..
.7	Hypochondriacal neurosis ..	4	4	8	..	2	2
.9	Unspecified neurosis ..	..	1	1	..	..	..
301	<i>Personality Disorders</i>						
.0	Paranoid ..	1	..	1	..	..	..
.1	Affective (cyclothymic) ..	1	..	1	..	..	..
.2	Schizoid ..	4	..	4	4	..	4
.3	Explosive—Epileptoid personality disorder ..	9	6	15	3	4	7
.5	Hysterical—Histrionic personality disorder ..	3	12	15	..	6	6
.6	Asthenic ..	1	2	3	1	1	2
.7	Antisocial ..	11	3	14	10	1	11
.8	Other ..	4	..	4	4	..	4
.9	Unspecified ..	2	1	3	1	..	1
302	<i>Sexual Deviation</i>						
.0	Homosexuality ..	3	..	3	1	..	1
.2	Pedophilia ..	1	..	1	..	..	..
.4	Exhibitionism ..	1	..	1	..	..	..
.8	Other ..	..	..	..	1	..	1
303	<i>Alcoholism</i>						
.0	Episodic excessive drinking ..	21	4	25	4	..	4
.1	Habitual excessive drinking ..	40	16	56	4	2	6
.2	Alcoholic addiction ..	66	7	73	7	1	8
.9	Other and unspecified alcoholism ..	26	..	26	1	..	1
304	<i>Drug dependence</i>						
.0	Opium, opium alkaloids and their derivatives ..	..	2	2	..	..	..
.2	Barbiturates ..	1	10	11	1	..	1
.3	Other hypnotics and sedatives or "tranquillizers" ..	8	..	8	1	3	4
.4	Cocaine ..	..	..	..	1	..	1
.8	Other ..	..	1	1	..	..	..
.9	Unspecified ..	1	..	1	..	..	..
307	<i>Transient situational disturbances</i> ..	1	1	2	2	..	2
308	<i>Behaviour disorders of childhood</i> ..	8	3	11	3	..	3
309	<i>Mental disorders not specified as psychotic associated with physical conditions</i>						
.1	With drug, poison or systemic intoxication ..	1	..	1	..	..	..
.2	With brain trauma ..	1	..	1	2	..	2
.3	With circulatory disturbance ..	1	1	2	1	..	1
.4	With epilepsy ..	4	3	7	3	6	9
.8	With degenerative disease of central nervous system ..	..	1	1	..	1	1
310	<i>Mental Retardation—Borderline</i>						
.0	Following infections and intoxications ..	1	2	3	..	1	1
.1	Following trauma or physical agents ..	..	..	..	1	..	1
.2	With disorders of metabolism, growth or nutrition ..	..	..	..	..	1	1
.6	Associated with prematurity ..	1	..	1	1	..	1
.8	With psycho-social (environmental) deprivation ..	..	2	2	1	2	3
.9	Other and unspecified ..	2	4	6	4	2	6
311	<i>Mild Mental Retardation</i>						
.0	Following infections and intoxications ..	..	..	..	1	..	1
.1	Following trauma or physical agents ..	..	..	..	1	..	1
.3	Associated with gross brain disease ..	..	..	..	..	1	1
.4	Associated with diseases and conditions due to (unknown) pre-natal influence ..	..	2	2	..	2	2
.5	With chromosomal abnormalities ..	5	..	5	2	..	2
.8	With psycho-social (environmental) deprivation ..	..	..	..	4	..	4
.9	Other and unspecified ..	12	6	18	13	9	22

TABLE 23—*continued*

I.C.D. No.	Mental Disorder	Admissions			Remaining in Hospital		
		Males	Females	Total	Males	Females	Total
312	<i>Moderate Mental Retardation</i>						
.0	Following infections and intoxications ..	2	3	5	3	1	4
.1	Following trauma or physical agents ..	1	2	3	1	4	5
.2	With disorders of metabolism, growth or nutrition .. .. .. ..	..	..	..	..	1	1
.3	Associated with gross brain disease .. ..	..	..	..	2	..	2
.4	Associated with diseases and conditions due to (unknown) pre-natal influence	2	..	2	1	2	3
.5	With chromosomal abnormalities	3	1	4	6	7	13
.7	Following major psychiatric disorder ..	..	..	..	2	..	2
.8	With psycho-social (environmental) deprivation .. .. .. ..	..	..	..	..	1	1
.9	Other and unspecified	11	23	34	31	37	68
313	<i>Severe Mental Retardation</i>						
.0	Following infections and intoxications ..	3	3	6	6	8	14
.1	Following trauma or physical agents ..	6	2	8	5	9	14
.3	Associated with gross brain disease	2	..	2	2	4	6
.4	Associated with diseases and conditions due to (unknown) pre-natal influence .. ..	..	2	2	..	2	2
.5	With chromosomal abnormalities .. ..	..	2	2	4	6	10
.6	Associated with prematurity .. ..	..	1	1	..	1	1
.7	Following major psychiatric disorder ..	2	..	2	5	..	5
.8	With psycho-social (environmental) deprivation .. .. .. ..	..	..	..	..	2	2
.9	Other and unspecified	5	9	14	20	52	72
314	<i>Profound Mental Retardation</i>						
.0	Following infections and intoxications ..	2	..	2	1	3	4
.1	Following trauma or physical agents ..	3	1	4	4	5	9
.2	With disorders or metabolism, growth or nutrition .. .. .. ..	..	..	..	1	2	3
.3	Associated with gross brain disease .. ..	..	1	1	1	1	2
.4	Associated with diseases and conditions due to (unknown) pre-natal influence .. ..	..	..	..	..	4	4
.5	With chromosomal abnormalities .. ..	..	..	..	1	3	4
.8	With psycho-social (environmental) deprivation .. .. .. ..	..	..	..	1	..	1
.9	Other and unspecified	4	4	8	10	16	26
315	<i>Unspecified Mental Retardation</i>						
.0	Following infections and intoxications ..	..	..	..	..	1	1
.1	Following trauma or physical agents ..	..	..	..	2	..	2
.5	With chromosomal abnormalities	3	2	5	..	3	3
.9	Other and unspecified	4	1	5	9	5	14
	TOTAL	517	423	940	453	447	900

TABLE 24
LACHLAN PARK HOSPITAL
Causes of Deaths (including deaths on leave) During Year 1966-67

Causes of Deaths	Males	Females	Total	Children under age of 16			Grand Total
				Males	Females	Total	
Broncho-pneumonia	13	17	30	..	..	..	30
Coronary Thrombosis	1	3	4	..	..	..	4
Status Epilepticus .. .. ..	..	1	1	..	..	..	1
Terminal Broncho-pneumonia	2	1	3	..	..	..	3
Congestive cardiac failure	1	4	5	..	..	..	5
Lobar pneumonia	1	2	3	..	..	..	3
Malnutrition	1	..	1	..	..	..	1
Carcinoma gall bladder .. .. ..	..	1	1	..	..	..	1
Carcinomatosis .. .. ..	..	3	3	..	..	..	3
Rt. Basal pneumonia .. .. ..	..	1	1	..	..	..	1
Cardiac failure .. .. ..	..	1	1	..	..	..	1
Intercranial haemorrhage .. .. ..	..	1	1	..	..	..	1
Hypostatic pneumonia	3	1	4	..	..	..	4
Uraemia	1	..	1	..	..	..	1
Cachexia .. .. ..	..	2	2	..	..	..	2
Myocardial infarction	1	..	1	..	..	..	1
Epilepsy	1	..	1	..	..	..	1
Congenital Microcephaly—Hydrocephaly .. .. ..	..	..	..	..	1	1	1
Cerebral haemorrhage	2	..	2	..	..	..	2
Natural causes	1	1	2	..	..	..	2
Pulmonary embolism .. .. ..	..	1	1	..	..	..	1
Cerebral Thrombosis .. .. ..	..	1	1	..	..	..	1
Appendical abscess—acute pulmonary oedema .. .. ..	..	1	1	..	..	..	1
Generalised arteriosclerosis .. .. ..	..	1	1	..	..	..	1
TOTAL	28	43	71	..	1	1	72

TABLE 25
LACHLAN PARK HOSPITAL
Financial Statement

	Year Ended				
	30.6.63	30.6.64	30.6.65	30.6.66	30.6.67
Average Daily Number of Patients	759.257	710.997	874.778	885.85	890.74
Gross Cost per Year	\$1,007,088	\$1,116,066	\$1,420,420	\$1,613,338	\$1,821,383.85
Fees Received	\$23,890	\$18,770	\$68,194	\$55,598	\$42,842.30
Other Income	\$7,308	\$8,790	\$12,980	\$8,977	\$8,217.65
Gross Cost per Head per Day	\$3.63	\$4.29	\$4.45	\$4.989	\$5.60
Nett Cost per Head per Day	\$3.52	\$4.18	\$4.19	\$4.789	\$5.45

TABLE 26

MILLBROOK RISE STATISTICS, 1966-67
(Including I.C.D. Classification)

I.C.D. No.	Mental Disorder	Males	Females	Total
290	<i>Senile and Pre-senile Dementia</i>			
.1	Pre-senile dementia .. .. .. .. .. .. .. ..	..	3	3
295	<i>Schizophrenia</i>			
.0	Simple type	4	3	7
.4	Acute Schizophrenic episode .. .. .. .. .. ..	..	6	6
.6	Residual Schizophrenia .. .. .. .. .. ..	..	2	2
296	<i>Affective Psychoses</i>			
.0	Involutorial Melancholia	5	11	16
.2	Manic depressive psychosis, depressed type includes Endogenous depression	5	7	12
300	<i>Neuroses</i>			
.0	Anxiety Neurosis	20	21	41
.1	Hysterical Neurosis	3	8	11
.4	Depressive Neurosis	9	25	34
.7	Hypochondriacal Neurosis .. .. .. .. .. ..	..	1	1
301	<i>Personality Disorders</i>			
.2	Schizoid	2	8	10
303	<i>Alcoholism</i>			
.2	Alcohol addiction	1	..	1
304	<i>Drug Dependence</i>			
.3	Other hypnotics and sedatives or "tranquillisers" .. .. .. .. .. ..	..	2	2
307	<i>Transient Situational Disturbances</i>	1	..	1
312	<i>Moderate Mental Retardation</i>	1	..	1
	TOTAL	51	97	148

TABLE 27

MILLBROOK RISE
Financial Statement

	Year Ended				
	30.6.63	30.6.64	30.6.65	30.6.66	30.6.67
Average Daily Number of Patients	16.06	16.85	21.01	21.94	20.02
Gross Cost per Year	\$52,770	\$61,816	\$64,522	\$75,572.18	\$81,397.51
Fees Received	\$30,384	\$33,680	\$36,572	\$49,515.40	\$43,863.32
Other Income .....	..	..	\$3,870	\$5,127.60	\$6,227.20
Gross Cost per Head per Day	\$9.00	\$10.02	\$8.41	\$9.435	\$11.14
Nett Cost per Head per Day	\$3.82	\$4.56	\$3.14	\$2.613	\$4.28

TABLE 28
SCHOOL DENTAL HEALTH SERVICE—DISTRICT DENTAL SERVICE
Summary of Treatment for Year Ended 30 June 1967

Month	Examination	X-ray	Periodontia		Fillings						Pulp			Oral Surgery				Post-Operative Care	Surgery other than Extractions	General Anaesthetics	Prosthetics				Ortho.		Misc. Operations	Total Operations	Completions								
			Scale and Clean	Ging. Treatment	Amalgam				Cement or Silicate	Inlay or Crown		A = Dressing B = Pulpotomy C = Pulpectomy	Extractions			A = Simple B = Surgical	Perm.	Decid.	Prosthetics				Ortho.			Total Operations	I	R									
					A = Simple		B = Compound			A = Cavity and/or pattern			B = Complete		A = Simple		B = Surgical				A = Impressions		E = Ease		A = Diag. and Impressions			Total Operations	I	R							
					Perm.		Decid.			A			B		A		B				Full		Partial														
July	2,083	86	214	4	511	1,603	825	294	449	665	8	..	21	18	6	544	30	1,798	7	23	6	161	A-D-F 3-1-4	A-D 5-1	A-B-C 9-7-7	269	10,408	867	223								
August	2,773	123	182	9	586	1,597	769	413	475	544	3	4	51	15	12	1,407	31	1,815	..	28	1	196	A 1	..	A-B-C 16-17-11	259	10,401	908	..								
September	2,725	133	205	18	640	1,591	819	362	432	651	2	1	57	16	13	1,106	27	1,817	20	7	3	141	A-D 6-2	A 4	A-B-C 8-7-6	248	10,932	805	397								
October	2,731	92	197	15	502	1,616	704	339	517	522	1	19	39	7	8	1,198	48	1,456	3	23	3	124	A-F-D 5-2-3	A-D-E 9-4-3	A-B-C 13-4-11	271	10,490	772	403								
November	2,256	111	193	19	534	1,601	716	311	535	697	..	1	28	11	18	1,089	36	1,990	9	18	2	213	A-B-C 7-4-4	A-B-C-D-E 12-3-1-4-2	A-B-C 10-12-10	279	10,588	816	600								
December	1,782	78	198	12	357	1,084	393	262	242	440	..	..	6	7	11	738	48	1,119	13	10	5	82	A-B-C-D-E 7-1-3-1-1	A-D-E 2-7-4	A-B-C 4-6-8	172	7,009	617	473						
January	2,173	108	111	12	385	1,086	474	290	248	402	..	..	11	11	2	608	8	1,141	4	5	5	94	A-B-C-D 6-3-2-2	A-B-D 2-2-2	A 6	266	7,144	520	250						
February	3,243	106	184	14	617	1,634	569	584	486	542	5	6	32	9	7	893	18	1,726	10	15	3	254	A-D 3-2	A-B-D 1-1-5	A-B-C 11-12-5	263	11,128	836	800								
March	3,016	135	253	11	677	1,560	661	655	633	428	3	1	38	13	6	1,093	19	1,941	15	23	11	155	A-B-D-E-F 2-1-2-2-2	A-D 7-1	A-B-C 15-7-22	432	11,706	948	693								
April	3,125	125	249	19	670	1,667	612	535	528	566	..	2	55	14	9	1,060	18	2,083	4	20	4	216	A-B-D 5-3-1	A-C-D-E-F-G 5-1-1-1-2-1	A-B-C 3-7-20	401	11,740	976	640								
May	3,174	175	266	17	611	1,844	728	615	651	641	2	3	40	8	12	969	14	1,908	20	6	3	178	A-B-D 6-2-4	A-C-D 8-3-3	A-B-C 21-10-20	381	12,381	829	697								
June	2,906	123	232	16	687	1,861	870	501	687	398	7	4	71	11	8	968	27	1,707	5	21	5	155	A-B-C-D 1-1-4-5	A-B-C-D-F 9-2-5-4-2	A-B-C 23-3-23	473	12,179	812	753								
TOTALS ..	31,987	1,395	2,484	166	677	18,744	8,140	5,161	5,883	6,496	31	41	449	140	112	11,673	324	20,492	110	199	51	1,969	A-52 B-15 C-13 D-23 E-3 F-3	A-64 B-8 C-9 D-31 E-10 F-4 G-1	A-139 B-92 C-143	3,714	126,106	9,706	5,929								

TABLE 29
SCHOOL DENTAL HEALTH SERVICE—SCHOOL OF DENTAL NURSING
Summary of Treatment for Year Ended 30 June 1967

Month	Examination	X-ray	Periodontia		Fillings (as defined in Standing Orders, page 30)						Pulp			Oral Surgery				Surgery Survey	Misc. Operations	Total Operations	Completions		Dental Health Education									
			Scale and Clean	Ging. Treatment	Amalgam				Cement or Silicate	Inlay or Crown		A = Dressing B = Pulpotomy C = Pulpectomy	Extractions			A = Simple B = Surgical	Perm.	Decid.	I			Dental Health Education										
					A = Simple		B = Compound			A = Cavity and/or pattern			B = Complete		A = Simple		B = Surgical															
					Perm.		Decid.			A			B		A		B															
February	111	..	78	1	178	206	144	107	90	47	..	..	..	..	..	23	..	83	..	..	28	1,096</td			

